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AUTHOR	Benson, Carole, Ed.
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ABSTRACT

This report is the fifth to present nationwide data on the well-being of America's children. The statistical portrait is based on indicators of child well-being and on contextual measures describing the changing population and family context. Part 1 of the report, "Population and Family Characteristics," presents information illustrating trends in eight key demographic measures, including children as a proportion of the population, racial and ethnic composition, and difficulty speaking English. Part 2, "Indicators of Children's Well-Being," presents data on 24 key indicators in the following areas: (1) Economic Security, including child poverty, family income, parent employment, housing problems, and health care access; (2) Health, including activity limitation, immunization, low birthweight, mortality rates, and adolescent births; (3) behavior and social environment, including cigarette smoking, alcohol use, illicit drug use, and crime victimization; (4) education, including family reading, early childhood education, achievement, high school completion, and youth neither enrolled in school nor working; and (5) Special Features, asthma prevalence, and youth employment. For each background measure or indicator, three types of information are presented: reasons the measure or indicator is important to understanding children's well-being, figures illustrating trends or population group differences, and highlights with information on current status, recent trends, and important population group differences. Additional indicators needed are also noted. The report's two appendices present detailed data tables and data source descriptions. Among the key findings, the report notes that children are projected to remain a stable percentage of

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the total population, while the ethnic diversity of America's children continues to increase. The poverty rate for children living with family members reached a high of 22 percent in 1993 and has since decreased to its lowest rate since 1979. Unintentional injuries continue to be the leading cause of death for children and youth ages 1 to 19. In 1999, the adolescent birth rate was at a record low. Cigarette use among adolescents shows indications of decline, with rates of heavy drinking remaining largely unchanged from 1999. Long-term trend mathematics and reading assessment scores for 1999 showed improvements in mathematics since 1982 but not in reading. Asthma is the most common chronic childhood illness in the United States, and the percentage of children diagnosed with asthma appears to be growing. Working while in school is prevalent among older high school students. (Contains 76 endnotes.) (KB)

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Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being 2001

Federal Interagency Forum on Child and Family Statistics

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Katherine K. Wallman
Chief Statistician

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Foreword

America's Children: Key National Indicators of Well-Being, 2001 is the fifth report in an annual series prepared by the Federal Interagency Forum on Child and Family Statistics. A collaborative effort by 20 Federal agencies, the report is required by Executive Order No. 13045. As in past years, readers will find here an accessible compendium of indicators–drawn from the most recent, most reliable official statistics–illustrative of both the promises and the difficulties confronting our Nation's young people.

This report updates the information presented last year, maintaining comparability with previous volumes while incorporating improvements. Most notably, regular data on student coursetaking in high school are now available. This addition closes an important data gap and raises the number of key indicators to 24. Two special features are also included in this year's report–one on the prevalence of asthma and one on youth employment during the school year and the following summer.

By recognizing the gaps in our information, *America's Children* challenges Federal statistical agencies to do better. Forum agencies are meeting that challenge by working to provide more comprehensive and consistent information on the condition and progress of our Nation's children. Forum agencies will continue their efforts to close critical data gaps, particularly in areas such as disability, the role of fathers in children's lives, and the measurement of positive behaviors associated with improved child development.

The value of the *America's Children* reports and the extraordinary cooperation they represent reflect the Forum's innovative, determined spirit to advance our understanding of where our children are today and what may be needed to bring them a better tomorrow. The Forum agencies should be congratulated once again this year for joining together to address their common goals: developing a truly comprehensive set of indicators on the well-being of America's children and ensuring that this information is readily accessible in both content and format. Their accomplishments reflect the dedication of the Forum agency staff members who coordinate the assessment of data needs, evaluate strategies to make data presentations more consistent, and work together to produce important publications and provide these products on the Forum's website: **http://childstats.gov**. Last but not least, none of this work would be possible without the continued cooperation of millions of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies.

We invite you to suggest ways we can enhance this annual portrait of the Nation's most valuable resource: its children. I applaud the Forum's collaborative efforts in producing this fifth annual report and hope that our compendium will continue to be useful in your work.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment and involvement of the members of the Federal Interagency Forum on Child and Family Statistics. It was prepared by the Writing Subcommittee of the Reporting Committee of the Forum. This year, the committee was chaired by Katherine Heck and Alisa Jenny, National Center for Health Statistics. Other committee members included Dawn Aldridge, Food and Nutrition Service; James Colliver, National Institute on Drug Abuse; David Johnson, Bureau of Labor Statistics; Laura Lippman, National Center for Education Statistics; Kristin Smith, Census Bureau; Janet Chiancone, Office of Juvenile Justice and Delinquency Prevention; Tracey Woodruff, Environmental Protection Agency; and Kathy Nelson, Department of Housing and Urban Development.

The Reporting Committee of the Forum, chaired by Katherine Heck and Alisa Jenny, guided the development of the new indicators. Members of the Reporting Committee not represented on the Writing Subcommittee included Linda Gordon, Immigration and Naturalization Service; Laura Montgomery, Ken Schoendorf, Gloria Simpson, and Barbara Foley Wilson, National Center for Health Statistics; Patrick Rooney, National Center for Education Statistics; Bob Kominski, Census Bureau; Jeff Evans, National Institute of Child Health and Human Development; Meredith Kelsey, Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services; Woodie Kessel, Office of Disease Prevention and Health Promotion; Cathy Gotschall, National Highway Traffic Safety Administration; Russ Scarato and Stella Yu, Maternal and Child Health Bureau; and Susan Schechter, Office of Management and Budget.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Joseph Dalaker, Debbie Dove, Jason Fields, Mary Jane Slagle, and Greg Spencer, Census Bureau; Patsy Klaus and Michael Rand, Bureau of Justice Statistics; Robert McIntire, Howard Hayghe, Mike Horrigan, Donna Rothstein, and Julie Yates, Bureau of Labor Statistics; Wayne Stephens and Alan Bloch, Centers for Disease Control and Prevention; Mark Lino and Peter Basiotis, Center for Nutrition Policy and Promotion; Gary Bickel, Food and Nutrition Service; Kathryn Chandler and Chris Chapman, National Center for Education Statistics; Lara Akinbami, Robin Cohen, Cathy Duran, Lois Fingerhut, Donna Hoyert, and Stephanie Ventura, National Center for Health Statistics; and Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention.

Other individuals who assisted with the report included Yupin Bae, Pinkerton Computer Consultants, Inc.; and DeeAnn Brimhall and Linda Shafer, Education Statistics Services Institute.

Westat, in support of the National Center for Health Statistics, assisted the committee in producing the report. Janice Kociol coordinated and managed the production of the report and was the initial copy editor. She also prepared files for agency updates and assisted the Reporting Committee. Christine Winquist Nord provided technical guidance. Other Westat staff members who assisted in preparing the report included Laura Cardillo, Laura Flicker, Margaret Hunker, and Jennifer Williamson.

The following additional staff members made valuable contributions in their reviews of the report: Deborah Klein, Bureau of Labor Statistics; Steven Carlson, Food and Nutrition Service; Michael Kogan, Maternal and Child Health Bureau; Shelley Burns, Chris Chapman, Arnold Goldstein and Val Plisko, National Center for Education Statistics; Jennifer Madans, National Center for Health Statistics; and Richard Bavier, Office of Management and Budget.

Carole Benson of Westat edited the final version of the report. Design contributions came from Westat's Graphics Arts Department, who designed the cover and flag pages, produced and updated the report's tables and figures, and updated and laid out the text. The logo was developed by John Jeter of the National Center for Health Statistics. Patty Wilson, National Center for Health Statistics, coordinated the printing of the report. The National Maternal and Child Health Clearinghouse distributed the report for the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2001 is the fifth annual report to the Nation on the condition of children in America. Eight contextual measures describe the changing population and family context in which children are living, and 24 indicators depict the well-being of children in the areas of economic security, health, behavior and social environment, and education. This year, the report has two special features on asthma prevalence and youth employment.

Part I: Population and Family Characteristics

- In 2000, there were 70.4 million children under age 18 in the United States, or 26 percent of the population, down from a peak of 36 percent at the end of the baby boom. Children are projected to remain a stable percentage of the total population, comprising 24 percent of the population in 2020.

- The ethnic diversity of America's children continues to increase. In 2000, 64 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native. The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000.

- The percentage of children living with one parent increased from 20 percent in 1980 to 26 percent in 2000. The rise in single father households has contributed to this increase. The proportion of children living with single fathers doubled from 2 percent in 1980 to 4 percent in 2000.

- The percentage of school-age children who speak a language other than English at home and have difficulty speaking English has nearly doubled over the last 20 years, increasing from 2.8 percent in 1979 to 5 percent in 1999.

Part II: Indicators of Children's Well-Being

Economic Security Indicators

- The poverty rate for children living with family members continued to decline from 18 percent in 1998 to 16 percent in 1999. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to the lowest rate since 1979.

- The decrease in poverty is apparent for children living in female-headed families and is more pronounced for black children. Among black children in female-headed families, about two-thirds lived below the poverty line from 1980 to 1993, but by 1999 just over half were in poverty.

- The percentage of children who had at least one parent working full-time, all year continued to increase in 1999 to 79 percent from 77 percent in 1998.

- Children living below the poverty line have become increasingly likely to have one or two parents working full-time, all year. In 1980, 21 percent of children below poverty had at least one parent employed full-time. By 1999, this number was 31 percent.

- The percentage of children who had health insurance coverage increased from 85 percent in 1998 to 86 percent in 1999.

Health Indicators

- In 1999, 78 percent of children 19 to 35 months of age had completed the combined series of vaccinations (DTP, polio, measles, and *Haemophilus influenzae* type b), up from 69 percent in 1994.

- Unintentional injuries continue to be the leading cause of death for children and youth ages 1 to 19, with motor vehicle crashes being the most common reason for those injuries. Overall, deaths to adolescents ages 15 to 19 have fallen significantly since 1991. One major reason for the decrease in deaths is a drop in mortality due to firearm injuries.

- In 1999, the adolescent birth rate was at a record low, at 29 births per 1,000 young women ages 15 to 17.

Behavior and Social Environment Indicators

- Cigarette use among adolescents shows indications of decline. Between 1999 and 2000, the rate of daily smoking in the past 30 days decreased from 23 percent to 21 percent among high school seniors and from 16 percent to 14 percent among 10th-graders. Seven percent of 8th-graders reported daily smoking in 2000. These rates for 2000 are significantly below recent peak levels of daily smoking, which occurred in 1997 for 12th-graders (25 percent) and in 1996 for 10th-graders (18 percent) and 8th-graders (10 percent).

- In 2000, rates of heavy drinking remained largely unchanged from 1999, with 30 percent of 12th-graders, 26 percent of 10th-graders, and 14 percent of 8th-graders reporting heavy drinking, i.e., having at least five drinks in a row at least once in the previous 2 weeks.

- In 2000, 12 percent of 8th-graders, 23 percent of 10th-graders, and 25 percent of 12th-graders reported illicit drug use in the past 30 days, not significantly different from the rates in 1999. Historically, illicit drug use in the past 30 days increased between 1992 and 1996 or 1997. For 12th-graders, it increased from 14 percent in 1992 to 26 percent in 1997. Between 1992 and 1996, rates of use increased from 11 to 23 percent among 10th-graders and from 7 to 15 percent among 8th-graders. Since these recent peaks, illicit drug use has remained stable or declined.

- Since 1993, there has been a fairly steady decline in serious violent crimes against youth ages 12 to 17, as well as in crimes where youth ages 12 to 17 were the offenders.

Education Indicators

- The percentage of high school graduates who had taken advanced courses increased dramatically between 1982 and 1998. Over 40 percent of 1998 high school graduates had taken at least one advanced mathematics course, 60 percent had taken at least one advanced science class, 20 percent took mostly honors-level English, and 13 percent took an advanced foreign language class.

- Long-term trend mathematics and reading assessment scores for 1999 show improvements in mathematics since 1982, but not reading. Scores did not improve significantly over the last assessment in 1996 in either subject or in any of the three age groups tested–ages 9, 13, and 17. Girls had higher reading scores than boys at all three ages, and girls performed similarly to boys in mathematics.

- The percentage of high school graduates who went on to earn a bachelor's degree or higher increased to an all-time high of 33 percent in 2000, up from 26 percent in 1980. Among black, non-Hispanic high school graduates, this percentage increased from 17 percent in 1999 to 21 percent in 2000.

Special Features

- Asthma is the most common chronic childhood illness in the United States, and the percentage of children diagnosed with asthma appears to be growing. In 1998, about 5 percent of children under age 18 had asthma. This was up from 3 percent in 1981 and 4 percent in 1988.

- Working while in school is prevalent among older high school students. Nearly 60 percent of students who were 16 years old when the 1997-98 school year began worked for an employer at some point during the academic year.

Summary List of Indicators

Indicator Name	Description of Indicator	Previous Year of Data *Value (Year)*	New Data *Value (Year)*	Change Between Years
Economic Security				
Child poverty and family income	Percentage of related children under age 18 in poverty	18 (1998)	16 (1999)	▼
Secure parental employment	Percentage of children under age 18 living with parents with at least one parent employed full time all year	77 (1998)	79 (1999)	▲
Housing problems	Percentage of households with children under age 18 that report housing problems	36 (1997)	35 (1999)	NS
Food security	Percentage of children under age 18 in households experiencing food insecurity with moderate or severe hunger	3.8 (1999)	—	
	Percentage of children ages 2 to 5 with a good diet	24 (1996)	—	
Access to health care	Percentage of children under age 18 covered by health insurance	85 (1998)	86 (1999)	▲
	Percentage of children under age 18 with no usual source of health care	7 (1997)	7 (1998)	NS
Health				
General health status	Percentage of children under age 18 in very good or excellent health	82 (1997)	83 (1998)	NS
Activity limitation	Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions	8 (1997)	7(1998)	NS
Childhood immunization	Percentage of children ages 19 to 35 months who received combined series immunization coverage	79 (1998)	78 (1999)	NS
Low birthweight	Percentage of infants weighing less than 5.5 pounds at birth	7.6 (1998)	7.6 (1999)	NS
Infant mortality	Deaths before the first birthday per 1,000 live births	7.2 (1998)	—	
Child mortality	Deaths per 100,000 children ages 1 to 4	35 (1998)	—	
	Deaths per 100,000 children ages 5 to 14	20 (1998)	—	
Adolescent mortality	Deaths per 100,000 adolescents ages 15 to 19	75 (1997)	71 (1998)	▼
Adolescent births	Births per 1,000 females ages 15 to 17	30 (1998)	29 (1999)	▼
Behavior and Social Environment				
Regular cigarette smoking	Percentage of 8th-grade students who reported smoking daily in the previous 30 days	8 (1999)	7 (2000)	NS
	Percentage of 10th-grade students who reported smoking daily in the previous 30 days	16 (1999)	14 (2000)	▼
	Percentage of 12th-grade students who reported smoking daily in the previous 30 days	23 (1999)	21 (2000)	▼
Alcohol use	Percentage of 8th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	15 (1999)	14 (2000)	NS
	Percentage of 10th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	26 (1999)	26 (2000)	NS

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

Indicator Name	**Description of Indicator**	**Previous Year of Data *Value (Year)***	**New Data *Value (Year)***	**Change Between Years**
Alcohol use (cont.)	Percentage of 12th-grade students who reported having five or more alcoholic beverages in a row in the last 2 weeks	31 (1999)	30 (2000)	NS
Illicit drug use	Percentage of 8th-grade students who have used illicit drugs in the previous 30 days	12 (1999)	12 (2000)	NS
	Percentage of 10th-grade students who have used illicit drugs in the previous 30 days	22 (1999)	23 (2000)	NS
	Percentage of 12th-grade students who have used illicit drugs in the previous 30 days	26 (1999)	25 (2000)	NS
Youth victims and perpetrators of serious violent crimes	Rate of serious violent crime victimizations per 1,000 youth ages 12 to 17	25 (1998)	20 (1999)	NS
	Serious violent crime offending rate per 1,000 youth ages 12 to 17	27 (1998)	26 (1999)	NS
Education				
Family reading to young children	Percentage of children ages 3 to 5 who are read to every day by a family member	54 (1999)	—	
Early childhood care and education	Percentage of children ages 3 to 5 who are enrolled in early childhood centers	60 (1999)	—	
Mathematics and reading achievement	Average mathematics scale score of			
	9-year-olds	231 (1996)	232 (1999)	NS
(0-500 scale)	13-year-olds	274 (1996)	276 (1999)	NS
	17-year-olds	307 (1996)	308 (1999)	NS
	Average reading scale score of			
	9-year-olds	213 (1996)	212 (1999)	NS
	13-year-olds	258 (1996)	259 (1999)	NS
	17-year-olds	288 (1996)	288 (1999)	NS
High school academic coursetaking	Percentage of high school graduates who completed high-level coursework in			
	mathematics	38 (1994)	41 (1998)	NS
	science	54 (1994)	60 (1998)	▲
	English	18 (1994)	20 (1998)	NS
	foreign language	11 (1994)	13 (1998)	NS
High school completion	Percentage of young adults ages 18 to 24 who have completed high school	85 (1998)	86 (1999)	▲
Youth neither enrolled in school nor working	Percentage of youth ages 16 to 19 who are neither in school nor working	8 (1999)	8 (2000)	NS
Higher education	Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher	32 (1999)	33 (2000)	NS
Special Features				
Asthma	Percentage of children under age 18 who have asthma	—	5 (1998)	
Youth employment while in school	Percent of youth age 16 enrolled in school and working in employee jobs	—	58 (1997-98)	

Legend: NS = No significant change ▲ = Significant increase ▼ = Significant decrease — = not applicable

About This Report

America's Children: Key National Indicators of Well-Being, 2001, developed by the Federal Interagency Forum on Child and Family Statistics, is the fifth annual synthesis of information on the status of the Nation's most valuable resource, our children. This report presents 24 key indicators of the well-being of children. These indicators are monitored through official Federal statistics covering children's economic security, health, behavior and social environment, and education. The report also presents data on eight key contextual measures and includes two indicators as special features: asthma prevalence and youth employment. The 20 agencies of the Forum have also introduced improvements in the measurement of several of the indicators presented last year.

Purpose of *America's Children: Key National Indicators of Well-Being*

This report provides the Nation with a broad annual summary of national indicators of child well-being and monitors changes in these indicators over time. The Forum hopes that this report will stimulate discussions by policy-makers and the public, exchanges between the data and policy communities, and improvements in Federal data on children and families.

The Federal Interagency Forum on Child and Family Statistics

The Forum is a formal structure for collaboration among 20 Federal agencies that produce or use statistical data on children and families. The members of the Forum are listed on the back of the cover page. Building on earlier cooperative activities, the Forum was founded in 1994. It was formally established by Executive Order No. 13045 in 1997 to foster the coordination and integration of the collection and reporting of data on children and families. The two major publications produced by the Forum are *America's Children: Key National Indicators of Well-Being* (produced annually since 1997) and *Nurturing Fatherhood: Improving Data and Research on Male Fertility, Family Formation and Fatherhood* (June 1998). The Forum's primary missions are to develop ways to improve consistency and enhance the collection of data on children, youth, and families, and to improve the reporting and dissemination of information on the status of children and families to the policy community and the general public.

Structure of the report

America's Children: Key National Indicators of Well-Being, 2001 is intended to present information and data on the well-being of children in a nontechnical, user-friendly format. It is designed to complement other more technical or comprehensive reports produced by the Forum agencies. The report is divided into two parts.

The first part of the report, *Population and Family Characteristics,* presents data that illustrate the changes that have taken place during the past few decades in eight measures depicting the context of children's lives. These background measures provide a foundation for understanding the key indicators and the child population. They provide basic information about children in the United States and the social and demographic changes occurring in the child population. These data answer questions such as: How many children are there in the United States? What proportion of the population is under age 18? How racially and ethnically diverse are our children? How many have difficulty speaking English? In what types of families do they live? What is the quality of their environment?

The second part, *Indicators of Children's Well-Being,* contains data on key indicators of how well we are doing in providing economic security, educational opportunity, and a healthy and safe environment in which children can play, learn, and grow. Unlike the data presented in Part I of the report, which simply describe the changing context in which children live, the data in Part II offer insight into how well children are faring by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

For each background measure in *Part I: Population and Family Characteristics,* and each indicator in *Part II: Indicators of Children's Well-Being,* there are three components presented:

- *Statements* about why the measure or indicator is important to understanding the condition of children;
- *Figures* showing important facts about trends or population groups; and
- *Highlights* with information on the current status, recent trends, and important differences by population groups noted.

In addition, *Appendix A: Detailed Tables* contains tabulated data for each measure and additional detail not discussed in the main body of the report. *Appendix B: Data Source Descriptions* contains descriptions of the sources and surveys used to generate the indicators.

Aspects of child well-being depicted in this report

America's Children: Key National Indicators of Well-Being, 2001 covers four domains of child well-being: economic security, health, behavior and social environment, and education. The economic security indicators document poverty and income among children and the accessibility of basic necessities such as food, housing, and health care. The health indicators document the physical health and well-being of children by presenting information on their health status, immunization coverage, death rates, and teenage births. The behavioral and social environment indicators present information about young people's participation in illegal or high-risk behaviors, such as smoking, drinking alcohol, using illicit drugs, and engaging in serious violent crimes. Finally, the education indicators examine how well we are succeeding in educating our children, including preschoolers' exposure to reading and early education, measures of student achievement, rigorous course taking in high school, and indicators of how many young adults complete high school and college.

Special features

At the end of Part II, *America's Children: Key National Indicators of Well-Being, 2001* presents data on two "special features." Special features are an annual component of *America's Children*, presenting measures that are not available with sufficient frequency to be considered as regular key indicators, but nevertheless provide important information on child well-being. This year's special features depict childhood asthma prevalence and youth employment.

Changes since last year

America's Children: Key National Indicators of Well-Being, 2001 is similar to last year's report in both format and content. While most of the indicators presented last year are included and updated, the Forum has worked to improve the report in a number of important ways. Some changes reflect improvements in the availability of data for certain key indicators. Some changes clarify the concept being measured or expand the indicator substantively. This year, there is a new regular indicator on academic coursetaking in high school and two new special features describing asthma and youth employment. The changes reflect the many helpful comments and suggestions for improvements that were received from readers and users of the previous reports.

Children included in this report

In order to convey a comprehensive understanding of child well-being, the report looks at the status of all children under age 18 living in the United States. A few indicators provide data on older youth and young adults (persons ages 18 to 29 years). In most cases throughout the report, the word "children" refers to any person under age 18 living in a civilian or noninstitutionalized setting in the United States. In some other cases, such as vital statistics, all children are included. When data are being presented only for specific age groups, this is indicated in the text (e.g., children ages 1 to 4). As is also noted in the text, some indicators examine only particular groups of children (e.g., children living in family settings, children living with parents, children in certain age groups or grade levels). For most of the indicators, the relevant information has been reported by an adult in the household or family and not directly by the children.

In many cases, we have also presented the data on children by race and Hispanic origin. In most cases, Hispanics have been separated from the white and black categories and "non-Hispanic" follows the race designation, such as "white, non-Hispanic." In some cases, data for Hispanics were not available or could not be separated from data for race groups. In these cases, data for race groups (white, black, American Indian/Alaska Native, Asian/Pacific Islander) include Hispanics.

Selection of the key indicators

America's Children: Key National Indicators of Well-Being, 2001 presents a selected set of key indicators of enduring interest that measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The Forum chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policymaking community, foundations, academic researchers, and State and local children's service providers. These indicators were chosen because they are:

- *Easy to understand* by broad audiences;
- *Objectively based* on substantial research connecting them to child well-being and using reliable data;
- *Balanced* so that no single area of children's lives dominates the report;
- *Measured regularly* so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

Data sources

Data for the key indicators are drawn primarily from national surveys and from vital records. Federal agencies regularly survey the population on many issues. Some national surveys use interviewers to gather information on children through a variety of methods, including speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Other surveys use questionnaires distributed directly to youth to ask about their behavior. In addition, some national data collection efforts directly assess students by giving them tests or by asking them to perform certain tasks. Federal agencies collect information on births and deaths from State health departments. These nationally representative surveys, along with data collected through vital statistics, provide the best available measures of the condition of U.S. children. Administrative data from social service agencies were not used for measures in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints. Further information on data sources for this report is provided in *Appendix B: Data Source Descriptions.*

In the text of this report, percentages and rates are rounded to the nearest whole number, unless rounding would mask significant differences. The text discusses changes over time or between-group differences only when differences are statistically significant.

Additional data needed

America's Children: Key National Indicators of Well-Being, 2001 identifies critical gaps in the data available on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children's lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policy-makers and the public.

At the end of *Part I: Population and Family Characteristics* and at the end of each section in *Part II: Indicators of Children's Well-Being,* the report presents a description of data and measures of child well-being in need of development. These lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as homelessness, long-term poverty, mental health, disability, neighborhood environment, and early childhood development. In some of these areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures but they are not yet available on a regular basis for monitoring purposes.

For further information

There are several good places to obtain additional information on each of the indicators found in this report. First, for many of the indicators, *Appendix A: Detailed Tables* contains additional detail not discussed in the main body of the report. For example, some tables show additional breakouts by gender, race and Hispanic origin, or another category. Second, *Appendix B: Data Source Descriptions* contains information and descriptions of the sources and surveys used to generate the indicators as well as information on how to contact the agency responsible for collecting the data or administering the relevant survey. Third, numerous publications of the Federal statistical agencies provide additional detail on each of the key indicators included in this report, as well as on scores of other indicators. These reports include *Trends in the Well-Being of America's Children and Youth,* published annually by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services; *The Condition of Education,* published annually by the National Center for Education Statistics; and *Health, United States,* published annually by the National Center for Health Statistics. Often these compendia contain additional details not reported in *America's Children. Appendix B: Data Source Descriptions* also contains a list of agency contacts who can provide further information on the relevant surveys and indicators. Finally, the Forum's website, http://childstats.gov, contains many links to Forum agency publications that often provide further detail about the indicators in this report.

America's Children on the Internet

The report can be found on the worldwide web at http://childstats.gov. The website version of the report contains data for years that are presented in the figures but not in the tables in this report. The Forum's website also contains information on the overall structure and organization of the Forum, as well as other reports, and news on current activities. Also found on the website are links to international comparative data and related reports of Forum agencies and other organizations providing more detailed data. The website addresses of the Forum agencies are found on the following page.

Websites

Federal Interagency Forum on Child and Family Statistics:
http://childstats.gov

Department of Agriculture
Food and Nutrition Service:
http://www.fns.usda.gov

Department of Commerce
Census Bureau:
http://www.census.gov

Department of Defense
Office of the Deputy Assistant Secretary of Defense (Personnel Support, Families and Education):
http://mfrc.calib.com

Department of Education
National Center for Education Statistics:
http://www.nces.ed.gov

Department of Health and Human Services
Administration for Children and Families:
http://www.acf.dhhs.gov
Agency for Healthcare Research and Quality:
http://www.ahrq.gov
Maternal and Child Health Bureau:
http://www.mchb.hrsa.gov
National Center for Health Statistics:
http://www.cdc.gov/nchs
National Institute of Child Health and Human Development:
http://www.nichd.nih.gov
Office of the Assistant Secretary for Planning and Evaluation:
http://aspe.os.dhhs.gov

Department of Housing and Urban Development
Office of Policy Development and Research:
http://www.huduser.org

Department of Justice
Bureau of Justice Statistics:
http://www.ojp.usdoj.gov/bjs
National Institute of Justice:
http://www.ojp.usdoj.gov/nij
Office of Juvenile Justice and Delinquency Prevention:
http://www.ojjdp.ncjrs.org

Department of Labor
Bureau of Labor Statistics:
http://www.bls.gov
Women's Bureau:
http://www.dol.gov/dol/wb

Department of Transportation
National Highway Traffic Safety Administration:
http://www.nhtsa.dot.gov

Environmental Protection Agency
Office of Children's Health Protection:
http://www.epa.gov/children

National Science Foundation
Division of Science Resources Studies:
http://www.nsf.gov/sbe/srs

Office of Management and Budget
Statistical Policy Office:
http://www.whitehouse.gov/omb

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PART I

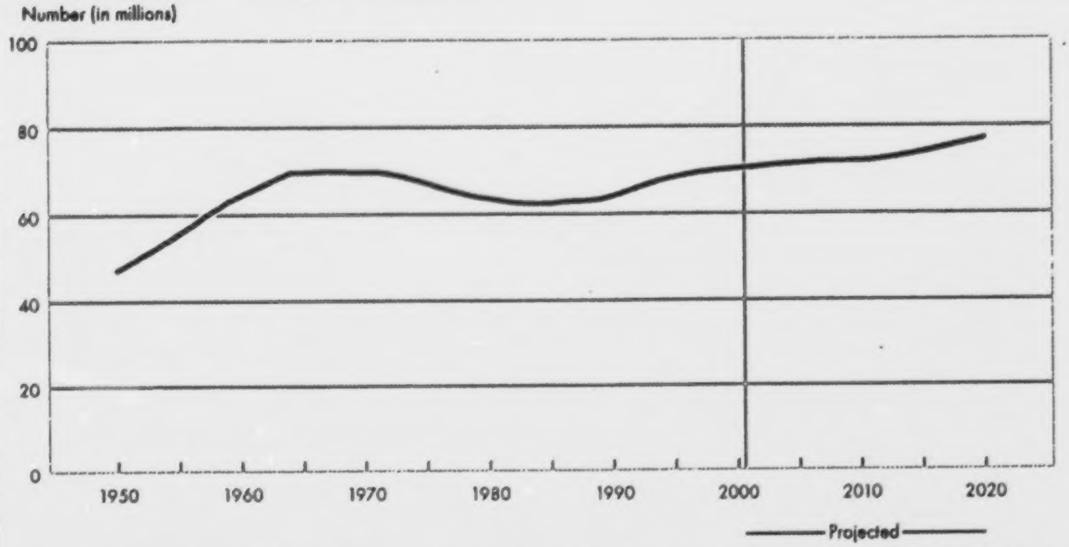
Population and Family Characteristics

Part I: *Population and Family Characteristics* presents data that illustrate the changes in the population and family contexts in which America's children are being raised. Eight key measures present data on trends in the size and composition of the child population, the composition of their families, and the environment in which they live. The background measures provide an important context for understanding the key indicators of well-being presented in Part II.

Child Population

The number of children determines the demand for schools, health care, and other services and facilities that serve children and their families.

Figure POP1 **Number of children under age 18 in the United States, 1950-2000 and projected 2001–20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

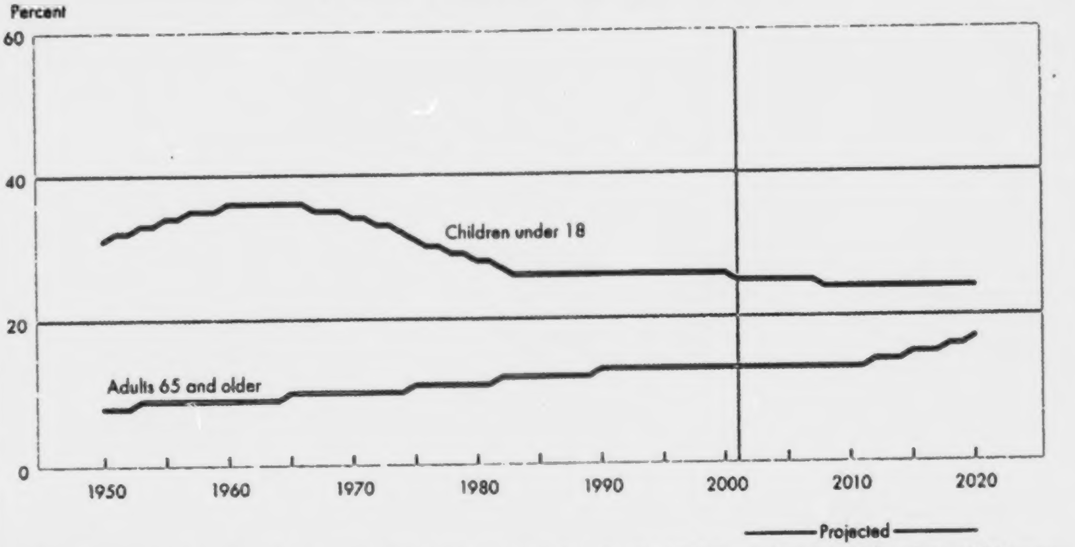
- In 2000, there were 70.4 million children in the United States, 0.2 million more than in 1999. This number is projected to increase to 77.2 million in 2020.
- The number of children under 18 has grown during the last half-century, increasing about half again in size since 1950.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 2000, there were approximately equal numbers of children—between 23 and 24 million—in each age group 0 to 5, 6 to 11, and 12 to 17 years of age.

Bullets contain references to data that can be found in Table POP1 on page 68.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population.

Figure POP2 **Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, 1950-2000 and projected 2001–20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

- In 2000, children made up 26 percent of the population, down from a peak of 36 percent at the end of the "baby boom."
- Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population.
- Children are projected to remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2020.
- In contrast, senior citizens (adults ages 65 and older) have increased as a percentage of the total population since 1950, from 8 to 13 percent in 2000. By 2020, they are projected to make up 17 percent of the population.
- Together, children and senior citizens make up the "dependent population" (those persons who, because of their age, are less likely to be employed than others). In 1950, children made up 79 percent of the dependent population; by 2000, they made up 67 percent. This percentage is expected to continue to decrease, to 59 percent in 2020.

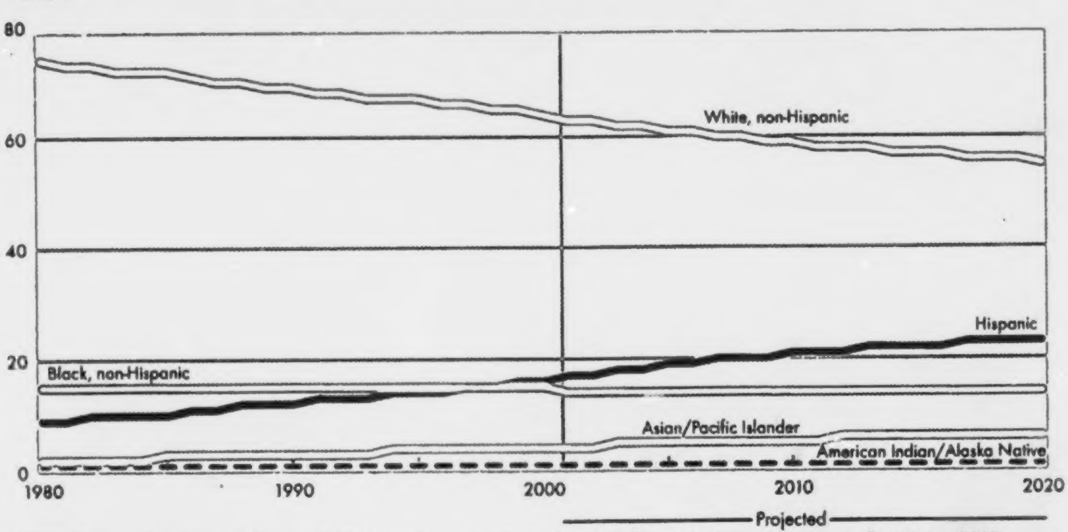
Bullets contain references to data that can be found in Table POP2 on page 68.

Racial and Ethnic Composition

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity first manifests itself among children, and later in the older population. This diversity is projected to increase even more in the decades to come.

Figure POP3

Percentage of U.S. children under age 18 by race and Hispanic origin, 1980-2000 and projected 2001–20



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

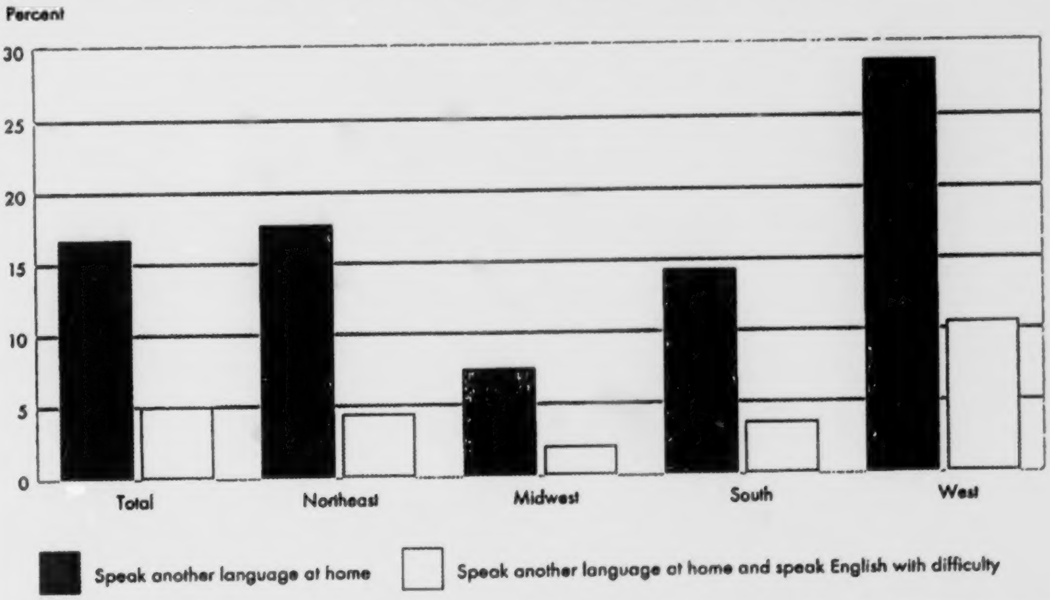
- In 2000, 64 percent of U.S. children were white, non-Hispanic; 16 percent were Hispanic; 15 percent were black, non-Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native.
- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 64 percent in 2000.
- The percentages of black, non-Hispanic and American Indian/Alaska Native children have been fairly stable during the period from 1980 to 2000.
- The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000. By 2020, it is projected that more than 1 in 5 children in the United States will be of Hispanic origin.
- The percentage of Asian/Pacific Islander children doubled from 2 to 4 percent of all U.S. children between 1980 and 2000. Their percentage is projected to continue to increase to 6 percent in 2020.
- Increases in the percentages of Hispanic and Asian/Pacific Islander children are due to both fertility and immigration. Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women.

Bullets contain references to data that can be found in Table POP3 on page 69.

Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[1] may face greater challenges progressing in school and, once they become adults, in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's English ability to determine whether the student needs services such as special instruction to improve his or her English and provide these services if needed.

Figure POP4 **Percentage of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English by region, 1999**



SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- The number of school-age children (ages 5 to 17) who spoke a language other than English at home and who had difficulty speaking English was 2.6 million in 1999, double the number (1.3 million) in 1979. This represented 5 percent of all school-age children in the United States.
- The percentage of children who speak English with difficulty varies by region of the country, from 2 percent of children in the Midwest to 11 percent of children in the West.
- Likewise, the percentage of children who speak another language at home (with or without difficulty speaking English) varies by region of the country, from 8 percent of children in the Midwest to 29 percent of children in the West. This difference is due largely to differing concentrations of immigrants and their descendants in the regions.
- White, non-Hispanic and black, non-Hispanic children are less likely than children of Hispanic or other (mostly Asian) origin to have difficulty speaking English. One percent of white, non-Hispanic and black, non-Hispanic children had difficulty speaking English in 1999, compared with 23 percent of children of Hispanic origin and 12 percent of children of Asian or other origin.

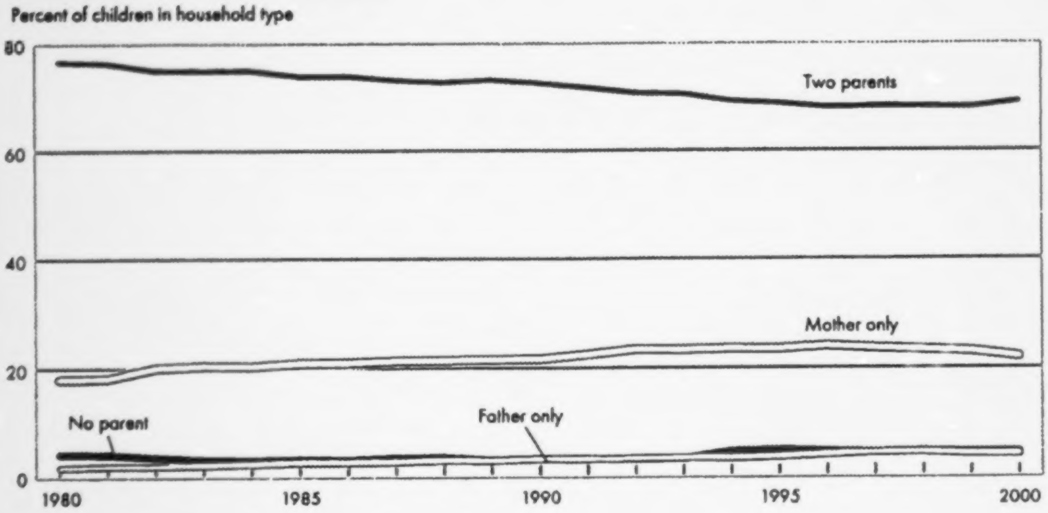
Bullets contain references to data that can be found in Table POP4 on page 70. Endnotes begin on page 58.

Family Structure and Children's Living Arrangements

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents.

Figure POP5.A

Percentage of children under age 18 by presence of parents in household, 1980-2000

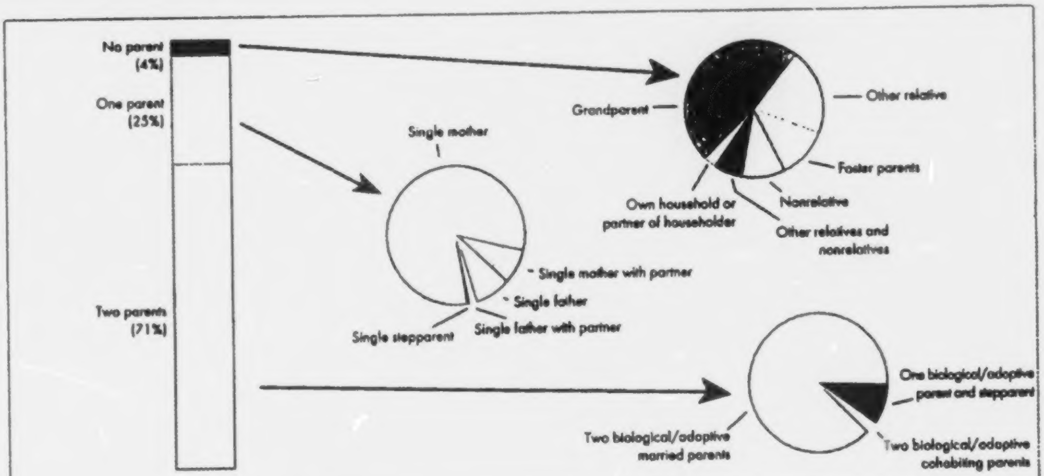


SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 2000, 69 percent of American children lived with two parents, down from 77 percent in 1980.
- In 2000, about a fifth (22 percent) of children lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents.[2]
- Since 1996, the percentage of children living with only one parent has not changed significantly.
- Among the factors associated with the change from 1980-96 in the percentage of children living with just one parent is the percentage of births that were to unmarried mothers.[3]
- White, non-Hispanic children are much more likely than black children and somewhat more likely than Hispanic children to live with two parents. In 2000, 77 percent of white, non-Hispanic children lived with two parents, compared with 38 percent of black children and 65 percent of children of Hispanic origin.

Most children spend the majority of their childhood living with two parents; however, significant proportions of children have more diverse living arrangements. Information about the presence of parents and other adults in the family, such as the parent's unmarried partner, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being.

Figure POP5.B **Percentage of children under age 18 living in various family arrangements, 1996**



SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

- A more detailed picture of children's living arrangements can be provided by a different data source than that used in POP5.A. The most recent data on various living arrangements are from 1996, 4 years earlier than the data presented in POP5.A, page 6. Therefore, the percentages shown in POP5.A are different from those in POP5.B. In 1996, there were 71.5 million children under age 18. Seventy-one percent of them lived with two parents, 25 percent lived with one parent, and about 4 percent lived in households without parents.
- Among children living with two parents, 91 percent lived with both biological or adoptive parents and 9 percent lived with a biological or adoptive parent and a stepparent. About four-fifths of children living with a stepparent lived with their mother and a stepfather.
- About 3 percent of children who lived with both biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some of these single parents had cohabiting partners. Sixteen percent of children living with single fathers and 9 percent of children living with single mothers also lived with their parents' partners. Overall, 3.3 million children (5 percent) lived with a parent or parents who were cohabiting.
- Among the 2.6 million children (4 percent) not living with either parent in 1996, half (1.3 million) lived with grandparents, while about 21 percent lived with other relatives, and another 22 percent lived with nonrelatives. Of children in nonrelatives' homes, about half (313,000) lived with foster parents.
- Older children were less likely to live with two parents—66 percent of children ages 15 to 17 compared with 71 percent of children ages 5 to 14 and 74 percent of those under age 5. Among children living with two parents, older children were more likely than younger children to live with a stepparent and less likely to live with cohabiting parents.

Bullets contain references to data that can be found in Tables POP5.A and POP5.B on pages 71-73. Endnotes begin on page 58.

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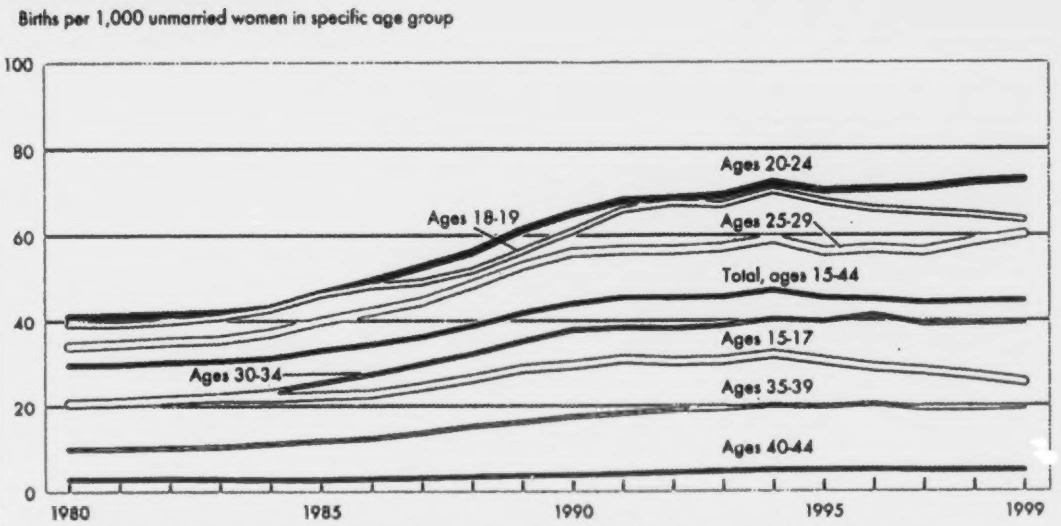
Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children.[3] Children of unmarried mothers are at higher risk of having adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.[4-7]

Figure POP6.A **Birth rates for unmarried women by age of mother, 1980-99**

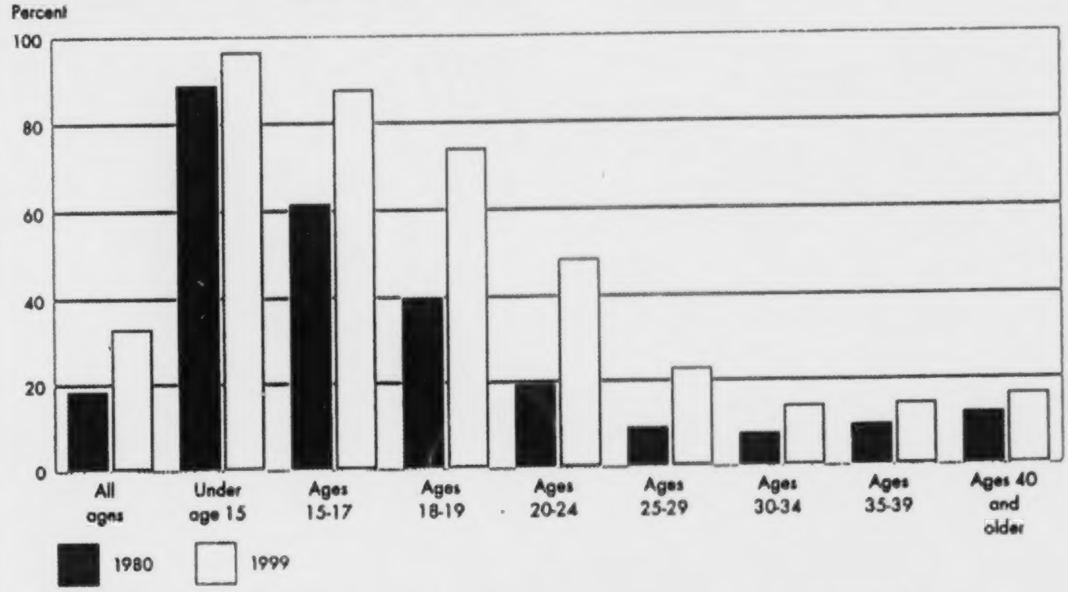


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 44 births for every 1,000 unmarried women ages 15 to 44 in 1999.
- Between 1980 and 1994, the birth rate for unmarried women ages 15 to 44 increased from 29 to 47 per 1,000. The rate has since stabilized; between 1994 and 1997-99 the rate fell slightly to 44 per 1,000.
- During the 1980-94 period, birth rates increased sharply for unmarried women in all age groups. The birth rate for unmarried women ages 15 to 17 increased from 21 to 32 per 1,000, and the rate for unmarried women ages 18 to 19 rose from 39 to 70 per 1,000. The birth rate for unmarried women ages 20 to 24 increased from 41 to 72 per 1,000. Between 1994 and 1999, rates by age declined for all women under age 20 and stabilized for women 20 and older.
- The long-term rise between 1960 and 1994 in the nonmarital birth rate is linked to a number of factors.[7] The proportion of women of childbearing age who are unmarried increased (from 29 percent in 1960 to 46 percent in 1994), concurrent with an increase in nonmarital cohabitation. About 20 to 25 percent of unmarried women ages 25 to 44 were in cohabiting relationships in 1992-94.[8] The likelihood that an unmarried woman will marry before the child is born declined steeply from the early 1960s to the early 1980s and continued to fall, although more modestly, through the early 1990s.[9] At the same time, childbearing within marriage declined: births to married women declined from 4 million in 1960 to 2.7 million in 1994, and the birth rate for married women fell from 157 per 1,000 in 1960 to 84 per 1,000 in 1994.[5-7] All of these measures stabilized in the mid-1990s, as the nonmarital birth rate also steadied.

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be more limited.[4] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. This measure is also useful in monitoring trends and variations in births to unmarried women at the State and local levels.[10] The percentage of births to unmarried women is affected by several factors, including birth rates for married and unmarried women and the number of unmarried women. Significant changes occurred in all these measures between 1980 and 1999.[6,7,11]

Figure POP6.B **Percentage of all births that are to unmarried women by age of mother, 1980 and 1999**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

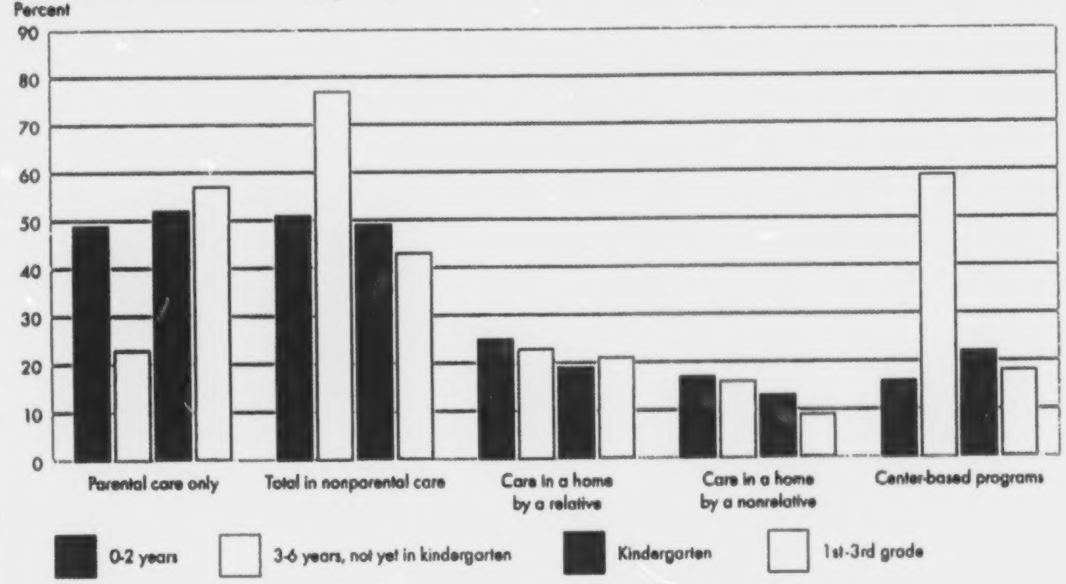
- In 1999, 33 percent of all births were to unmarried women.
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994. From 1994 to 1997, the proportion was relatively stable at about 32 percent, and then increased slightly to 33 percent in 1998-99.[5,7,12]
- During the 1980-99 period, the proportions of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportions were high throughout the period and continued to rise, from 62 to 88 percent for ages 15 to 17 and from 40 to 74 percent for ages 18 to 19. The proportions more than doubled for births to women in their twenties, rising from 19 to 49 percent for ages 20 to 24 and from 9 to 23 percent for ages 25 to 29. The proportion of births to unmarried women ages 30 and older increased from 8 to 14 percent.[7,12]
- One-third of all births, including 4 in 10 first births, were to unmarried women in 1999. Nearly two-thirds of women under age 25 having their first child were not married.
- The increases in the proportions of births to unmarried women, especially during the 1980s, are linked to sharp increases in the birth rates for unmarried women in all age groups during this period, concurrent with declines in birth rates for married women. In addition, the number of unmarried women increased by about one-fourth as more and more women from the baby-boom generation postponed marriage.[7,11]

Bullets contain references to data that can be found in Tables POP6.A and POP6.B on page 74. Endnotes begin on page 58.

Child Care

Increasing proportions of children are spending substantial amounts of time in the care of a child-care provider other than their parents. While researchers continue to assess the effects of child care on child development, it is important to monitor over time the way many children receive care. Children receive a variety of types of care, including care in home by a relative, care in home by a nonrelative, and center-based care or early education. This indicator presents the most recent data on regular child-care arrangements regardless of parents' work status and the types of settings where that care is provided, by the age of the child.

Figure POP7 **Percentage of children by type of care arrangement from birth through third grade, 1999**



NOTE: Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

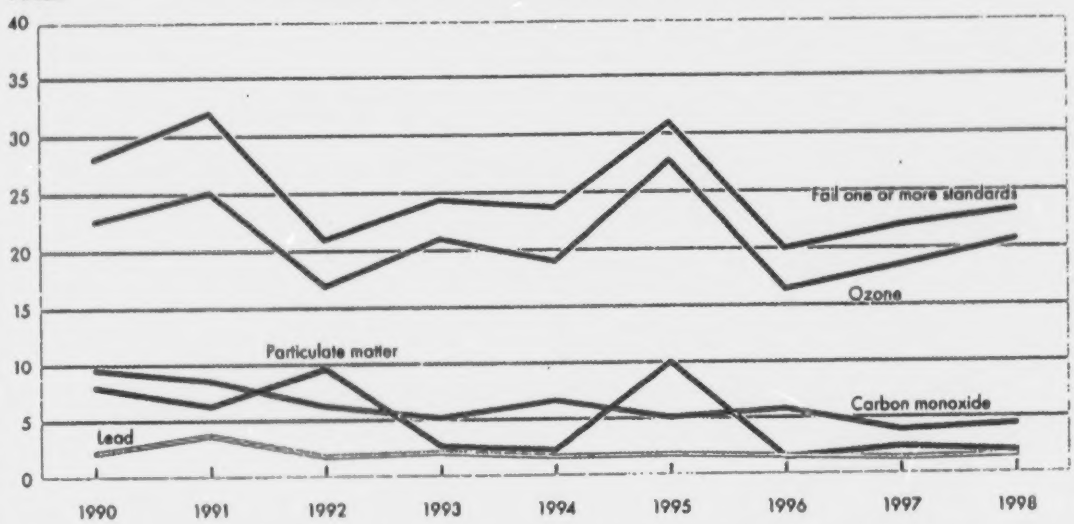
- In 1999, 54 percent of children from birth through 3rd grade received some form of child care on a regular basis from persons other than their parents. This translates to close to 20 million children and represents an increase over 1995, when 51 percent of children through 3rd grade received child care.
- The type of child care received is related to the age of the child. Children from birth through age 2 were more likely to be in home-based care, either with a relative or nonrelative, than to be in center-based care. Forty-one percent were in home-based care (about 24 percent with a relative and 17 percent with a nonrelative), and about 16 percent were in center-based care in 1999.
- Children ages 3 to 6 who are not yet in kindergarten are more likely to be in a center-based child-care arrangement, which includes nursery schools and other early childhood education programs. Sixty percent of these children were in center-based care, compared to 39 percent in home-based care (23 percent in relative care and 16 percent in nonrelative care) in 1999.
- Kindergartners were more likely to be in home-based care (33 percent) than in center-based care (22 percent).
- Among children attending 1st through 3rd grade, children were more likely to be in home-based care with a relative (21 percent) than in a center (18 percent) or in a home with a nonrelative (9 percent) in 1999.
- About 22 percent of 3- to 6-year-olds were in multiple types of arrangements, compared with 6 percent in the other age groups.

Bullets contain references to data that can be found in Table POP7 on page 75.

Children's Environments

The environment in which children live plays an important role in their health and development. Children need a clean, safe place in which they can grow and play. Children may be more vulnerable to environmental contaminants because of their increased potential for exposure to pollutants, since they eat, drink, and breathe more per body weight than adults. In addition, environmental contaminants in air, food, drinking water, and other sources are associated with a number of different ailments, and these contaminants may disproportionately affect children because they are still developing.[15-17] One important measure of environmental quality is the percentage of children living in areas that do not meet the National Ambient Air Quality Standards. Polluted air is associated with increased asthma episodes and other respiratory illnesses. While air pollution is one important measure of children's environments, further research is needed to develop a more complete measure of overall environmental quality for children.

Figure POP8 **Percentage of children under age 18 living in areas that do not meet at least one of the Primary National Ambient Air Quality Standards, 1990-98**



NOTE: The U.S. Environmental Protection Agency has set national air quality standards for six principal pollutants (referred to as "criteria" pollutants): carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO_2), ozone (O_3), particulate matter (PM), and sulfur dioxide (SO_2). Nitrogen dioxide and sulfur dioxide are not included in the graph because essentially all areas met the Primary National Ambient Air Quality Standards for these pollutants after 1991.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

☐ In 1998, 23 percent of children lived in areas that did not meet at least one of the Primary National Ambient Air Quality Standards, down from 28 percent in 1990. The Clean Air Act established Primary National Ambient Air Quality Standards which are designed to establish limits to protect public health, including the health of sensitive populations such as asthmatics and children.

☐ In 1998, 2 percent of children, or approximately 1 million, lived in areas that did not meet the National Ambient Air Quality Standard for lead. High levels of lead are dangerous to children because they can lead to neurological and developmental problems.

☐ The EPA is implementing new standards for particulate matter and ozone to better protect public health, including children. This chart does not reflect the new standards.

☐ Ozone accounts for most of the areas that do not meet the Primary National Ambient Air Quality Standards. Both particulate matter and ozone can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children. These problems can lead to hospital and emergency room visits.

Bullets contain references to data that can be found in Table POP8 on page 76. Endnotes begin on page 58.

Data Needed

Population and Family Characteristics

Current data collection systems at the national level do not provide extensive detailed information on children's lives, their families and their caregivers. Certain topical databases provide some of this information, but data need to be collected across domains of child well-being and to be collected regularly enough to discern trends in where, how, and with whom children spend their time. More data are also needed on:

- *Family interactions.* Information is needed about children's interactions with non-resident parents, particularly fathers. A subcommittee of the Federal Interagency Forum on Child and Family Statistics is currently working to improve data on family formation and fatherhood.
- *Time use.* A regular source of data is needed to track how and where children spend their time and how these patterns change over time. For example, data on how much time children spend in school, in day care, in after-school activities, using a computer, and interacting with one or both parents and how much time youth spend at work would provide valuable insights. Currently, Federal surveys collect information on the amount of time children spend on certain activities, such as watching television, but no regular Federal data source examines time spent on the whole spectrum of children's activities. The inclusion in surveys of additional questions on time use by children and adults is currently being investigated by several member agencies of the Forum. The Bureau of Labor Statistics has plans to conduct a continuous time use survey, beginning in 2003, that will cover time invested in the care of children, as well as time spent in other market and non-market activities.
- *Children's environments.* Further data are needed to monitor the environments of children and their potential exposure to environmental contaminants. In particular, data are needed to describe children's potential exposure to contaminants in drinking water and food.

PART II

Indicators of Children's Well-Being

Part II: *Indicators of Children's Well-Being* contains data on key indicators that measure the health, security, and safety of the environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which describe the changing context in which children live, the data in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

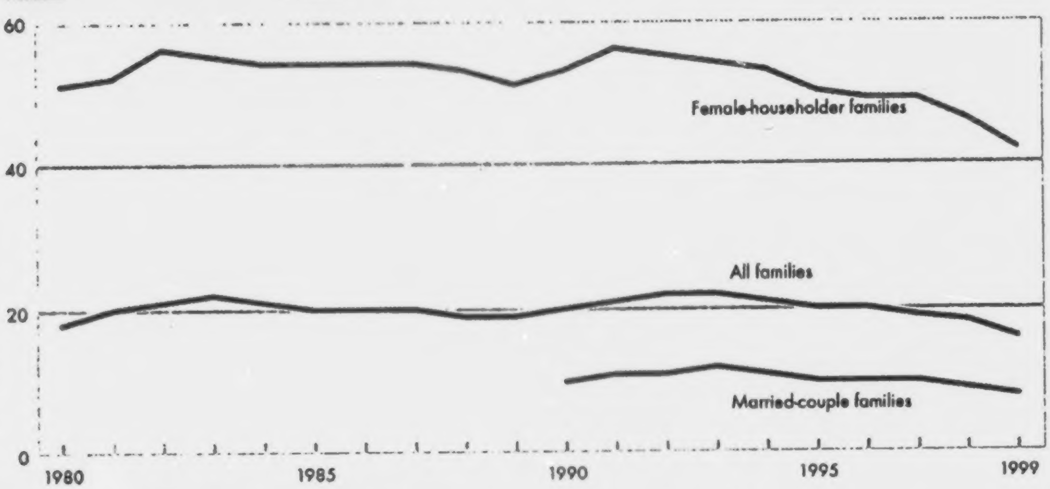
Economic Security Indicators

The well-being of children depends greatly on the material well-being of their family. The Economic Security indicators presented in this section attempt to measure a family's ability to access basic material needs. The first two indicators measure the economic well-being of children through the family's access to income and the resident parent or parents' employment status. The final three indicators measure the accessibility of three economic necessities — housing, food, and health care. Additional important indicators of children's economic well-being for which data are not available include measures of family income and poverty over longer period of times, as well as homelessness.

Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school,[18] to become teen parents,[19] and, as adults, to earn less and be unemployed more frequently.[18] The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.

Indicator ECON1.A **Percentage of related children under age 18 in poverty by family structure, 1980-99**



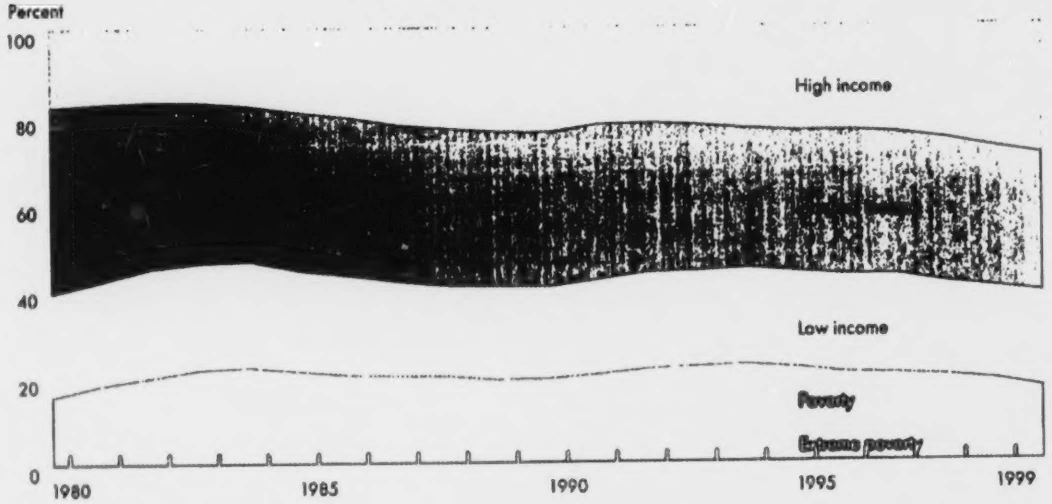
NOTE: Estimates refer to children who are related to the householder and who are under age 18. In 1999, the average poverty threshold for a family of four was $17,029 in annual income.

SOURCE: U.S. Census Bureau, March Current Population Survey.

- ☐ The proportion of children living in families with incomes below the poverty threshold continued to decline from 18 percent in 1998 to 16 percent in 1999. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to 16 percent, the lowest rate since 1979.
- ☐ This decrease in the poverty rate is also apparent for children living in female-householder families. In 1980, 51 percent of children living in female-householder families were living in poverty; by 1999 this rate had decreased to 42 percent. This change is even more pronounced for black children: the percent of black children living in female-householder families in poverty wavered around 66 percent until 1993 and has since declined to 52 percent in 1999.
- ☐ Children under age 6 are more likely to be living in families with incomes below the poverty line than children ages 6 to 17. In 1999, 18 percent of children under age 6 lived in poverty, compared with 16 percent of older children.
- ☐ Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 1999, 8 percent of children in married-couple families were living in poverty, compared to 42 percent in female-householder families.
- ☐ This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 1999, 11 percent of black children in married-couple families lived in poverty, compared with 52 percent of black children in female-householder families. Twenty-two percent of Hispanic children in married-couple families lived in poverty, compared with 52 percent in female-householder families.
- ☐ The poverty rate of black or Hispanic children is much higher than the poverty rate of white, non-Hispanic children. In 1999, 9 percent of white, non-Hispanic children lived in poverty, compared with 33 percent of black children and 30 percent of Hispanic children.
- ☐ In 1999, 6 percent of all children lived in families with incomes less than half the poverty level, or $8,515 a year on average for a family of four, while 28 percent of children lived in families with incomes less than 150 percent of the poverty level, or $25,544 a year on average for a family of four.

The full distribution of the income of children's families is important, not just the percentage in poverty. The rise in the number of children living in affluent families tells us that a growing proportion of America's children enjoy economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is declining.

Indicator ECON1.B **Percentage of related children under age 18 by family income relative to the poverty line, 1980-99**



NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,515 for a family of four in 1999). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,515 and $17,028 for a family of four in 1999). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $17,029 and $34,057 for a family of four in 1999). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $34,058 and $68,115 for a family of four in 1999). High income is 400 percent of the poverty threshold or more (i.e., more than $68,115 for a family of four in 1999). Very high income is 600 percent of the poverty threshold or more (i.e., $102,174 or more for a family of four in 1999).[20]

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 1999, more children lived in families with medium income (33 percent) than in other income groups. Smaller percentages of children lived in families with low income and with high income, 22 and 29 percent, respectively.
- The percentage of children living in families with medium income has fallen from 41 percent in 1980 to 33 percent in 1999, while the percentage of children living in families with high income has risen, from 17 to 29 percent.
- The percentage of children living in families experiencing extreme poverty was 7 percent in 1980. This percentage rose to 10 percent in 1993 and has since decreased to 6 percent in 1999. Concurrently, three times as many children live in families with very high income in 1999 compared with 1980(12 and 4 percent, respectively).

Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 77-78. Endnotes begin on page 58.

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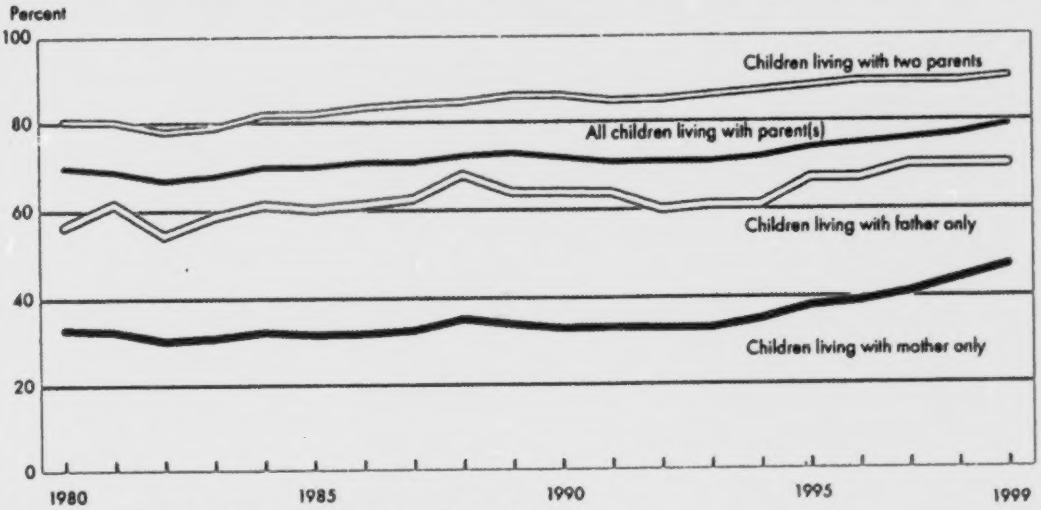
Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents obtain health insurance for themselves and their children through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[21,22] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.

Indicator ECON2 **Percentage of children under age 18 living with at least one parent employed full time all year by family structure, 1980-99**



SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

- Since 1990, the trend in secure parental employment has paralleled the overall trend in employment. The percentage of children who had at least one parent working full time all year continued to increase in 1999 to 79 percent from 77 percent in 1998.
- A disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed, which increased from 33 percent in 1993 to 47 percent in 1999.
- In 1999, 90 percent of children living in two-parent families had at least one parent who was a full-time, year-round worker. In contrast, 70 percent of children living with a single father and 47 percent of children living with a single mother had a parent who worked full time all year.
- Black, non-Hispanic children and Hispanic children were less likely than white, non-Hispanic children to have a parent working full time all year. However, the proportions of black, non-Hispanic children and Hispanic children with a parent employed full time all year has increased much faster than for white, non-Hispanic children. Between 1993 and 1999, the percentage of black, non-Hispanic children that had a parent working full time all year increased from 49 percent to 64 percent and from 57 percent to 71 percent for Hispanic children. In comparison, the percentage of white, non-Hispanic children that had a parent working full time all year increased from 79 percent to 84 percent during the same time period.
- In 1999, children living in poverty were much less likely to have a parent working full time all year than children living at or above the poverty line, 31 percent and 88 percent, respectively. For children living with both parents, 52 percent of poor children had at least one parent working full time all year compared with 93 percent of children living above poverty.
- Children living below the poverty line have become increasingly likely to have one or two parents working full-time, all year. In 1980, 21 percent of children below poverty had at least one parent working full-time, all year. By 1999, this number was 31 percent.
- Between 1980 and 1999, the percentage of children living in two-parent families in which both the mother and father worked full time all year increased from 17 to 32 percent.

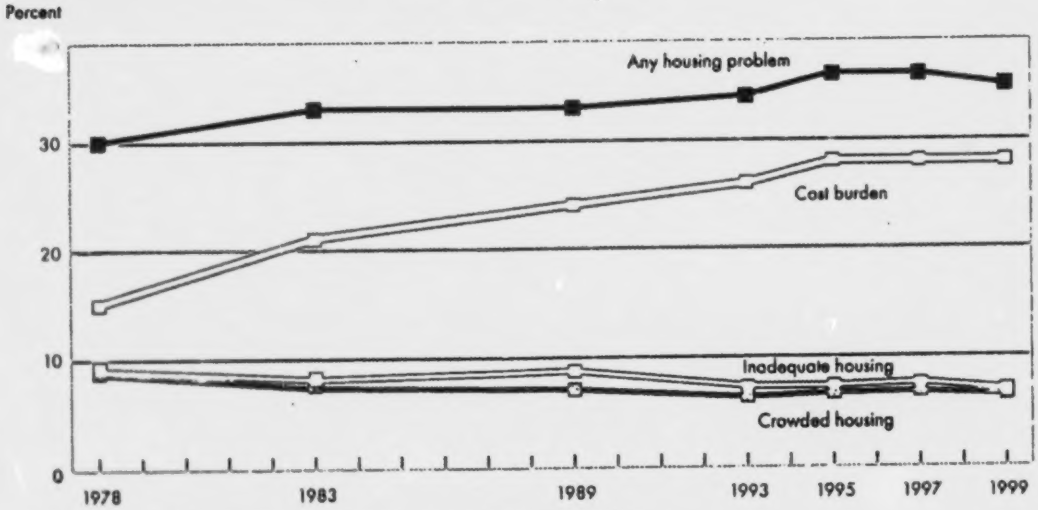
Bullets contain references to data that can be found in Table ECON2 on pages 79-80. Endnotes begin on page 58.

Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[23] The percentage of households with children that report that they are living in physically inadequate,[24] crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Indicator ECON3

Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-99



NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, 1997, and 1999.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

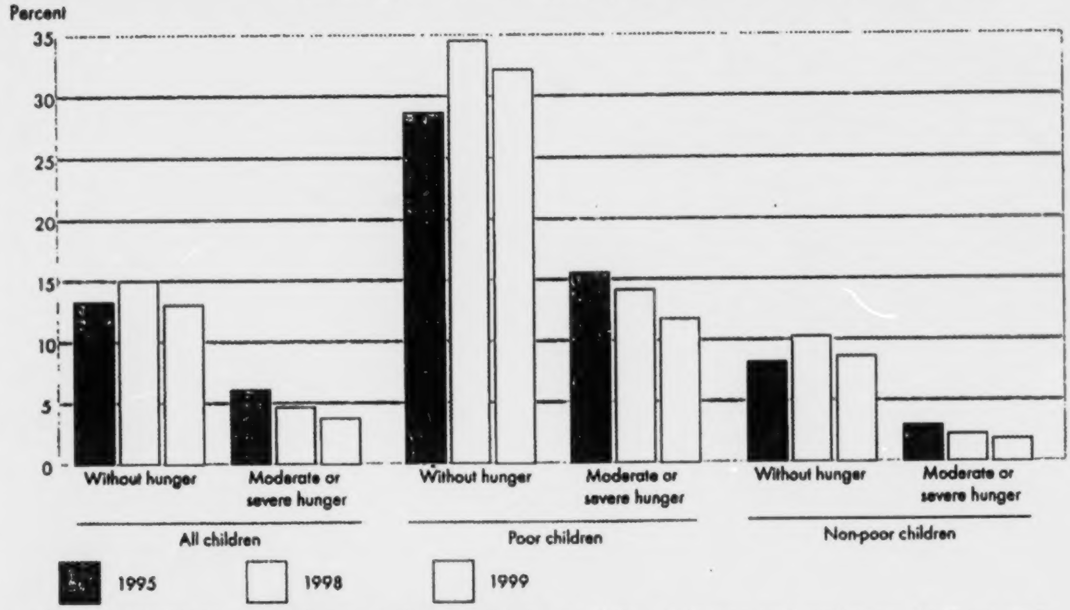
- In 1999, 35 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.[25]
- The share of U.S. households with children that have any housing problems rose between 1978 and 1995 and has since stabilized.
- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 1999, 7 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 7 percent in 1999.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 1999, the percentage of households with children with a cost burden—that is, paying more than 30 percent of their income for housing—rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6 to 11 percent.
- Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems.[26] In 1999, 11 percent of households with children had severe housing problems. Although the 1997 and 1999 data are not directly comparable to estimates for earlier years, severe housing problems increased from 8 percent in 1978 to 12 percent in 1995 because of a rise in the percentage of families reporting severe cost burdens.
- Severe housing problems are especially prevalent among very-low-income renters.[27] In 1999, 29 percent of very-low-income renter households with children reported severe housing problems, with severe cost burden the major problem. Although the percentage of these families having severe housing problems has fallen since 1978, the number with such problems grew from 1.4 million in 1978 to 1.8 million in 1999, again because the number of households with severe cost burdens rose.

Bullets contain references to data that can be found in Table ECON3 on page 81. Endnotes begin on page 58.

Food Security and Diet Quality

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security has been defined as access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate, and safe food and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food.[28] A family's ability to provide for children's nutritional needs is linked to income or other resources and secure access to adequate, nutritious food. Members of food-insecure households are at risk of hunger. The following indicator measures food insecurity on a scale that indicates increasing levels of severity of food insecurity and, at the more severe levels, hunger. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report hunger to a significant degree. Food-insecure households with hunger report multiple indicators of hunger among adults and, at more severe levels, among children.

Indicator ECON4.A **Percentage of children under age 18 by poverty status in households experiencing food insecurity, by level of severity, selected years 1995-99**



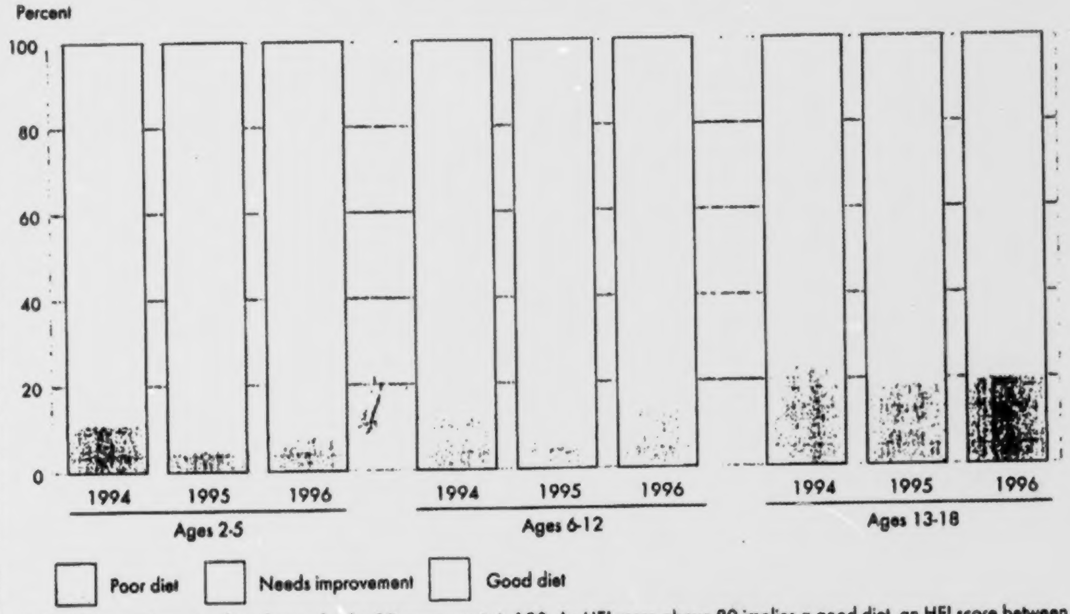
NOTE: See Table ECON4.A for details on the food security scale. Data for 1996 and 1997 are not shown because they are not strictly comparable with data for 1995, 1998, and 1999 due to methodology differences.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey. U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service, Office of Analysis and Evaluation.

- In 1999, 3.8 percent of children lived in households experiencing food insecurity with hunger, primarily among adults (children's hunger becomes prevalent only at more severe levels of adult hunger).
- Children living in households below poverty are much more likely than other children to live in households experiencing food insecurity with hunger. In 1999, 11.8 percent of children in households with incomes below the Federal poverty level experienced food insecurity with hunger, compared with 1.9 percent of children in households with income above the poverty level.
- Most food-insecure households do not report actual hunger for household members. In 1999, 13.1 percent of all children and 32.2 percent of poor children lived in households experiencing food insecurity without hunger.
- The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one or more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.[29]

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.[30]

Indicator ECON4.B **Percentage distribution of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96**



NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

- ☐ In 1996, most children and adolescents had a diet that was poor or needed improvement, as indicated by their HEI score.
- ☐ As children get older, their diet quality declines. In 1996, among children ages 2 to 5, 24 percent had a good diet and 8 percent had a poor diet. For those ages 13 to 18, 6 percent had a good diet and 20 percent had a poor diet.
- ☐ The lower-quality diets of older children are linked to declines in their fruit and milk consumption.
- ☐ Children in families below poverty are less likely than higher-income children to have a diet rated as good. For children ages 2 to 5, 19 percent of those in poverty had a good diet in 1994-96, compared with 28 percent of those living above the poverty line.
- ☐ The diet quality of children and adolescents was similar in 1994, 1995, and 1996—most children in each of these years had a diet that was poor or needed improvement.

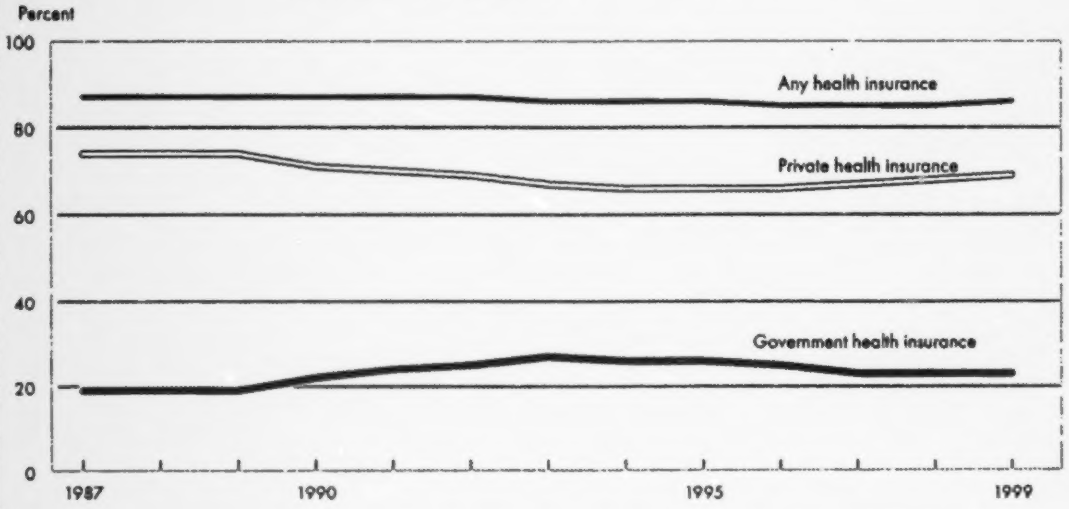
Bullets contain references to data that can be found in Tables ECON4.A - ECON4.D on pages 82-84. Endnotes begin on page 58.

Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Indicator ECON5.A

Percentage of children under age 18 covered by health insurance by type of health insurance, 1987-99



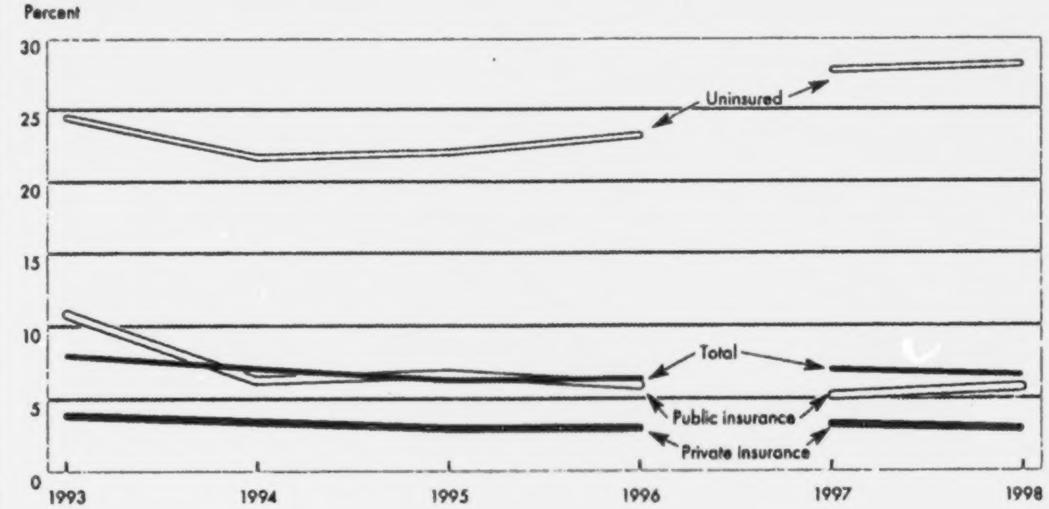
NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents.

SOURCE: U.S. Census Bureau, Current Population Survey.

- In 1999, 86 percent of children had health insurance coverage. Between 85 and 87 percent of children have had health insurance since 1987.
- The number of children who had no health insurance at any time during 1999 was 10 million (14 percent of all children). The proportion of uninsured children declined in 1999, and was the lowest since 1995. The number and the percentage of uninsured children was significantly lower than the 1998 figures of 11.1 million and 15 percent.
- The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994 and then increased to 69 percent in 1999. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to a high of 27 percent in 1993; it has since decreased to 23 percent in 1999.[31]
- Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 1999, 73 percent of Hispanic children were covered by health insurance, compared with 91 percent of white, non-Hispanic children and 82 percent of black children.
- Overall rates of coverage do not differ by child's age. However, the type of insurance does vary by the age of the child: government-provided insurance decreases, but private health insurance increases with age.

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[32] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[33,34] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[35]

Indicator ECON5.B **Percentage of children under age 18 with no usual source of health care by type of health insurance, 1993-98**



NOTE: Emergency rooms are excluded as a usual source of care. In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1998, 7 percent of children had no usual source of health care. Between 1993 and 1998, this overall percentage remained relatively stable.
- There are large differences by health insurance coverage in the percentage of children having no usual source of care. In 1998, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were over nine times as likely as those with private insurance to have no usual source of care in 1998.
- In 1998, 12 percent of children in families below the poverty line had no usual source of care, compared with 5 percent of children in higher-income families.
- Older children are slightly more likely than younger children to lack a usual source of health care. In 1998, 7 percent of children ages 5 to 17 had no usual source of care, compared with 4 percent of children ages 0 to 4.

Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 85 - 86. Endnotes begin on page 58.

Indicators Needed

Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report provides some information on economic and food security, additional indicators are needed on:

- *Economic security.* Changes in children's economic well-being over time need to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty for families with children.* Although good Federal data are available on child poverty and alternative measures are being developed (see Indicator ECON1, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 78), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies that have sought to estimate this number.

Indicators of Children's Well-Being

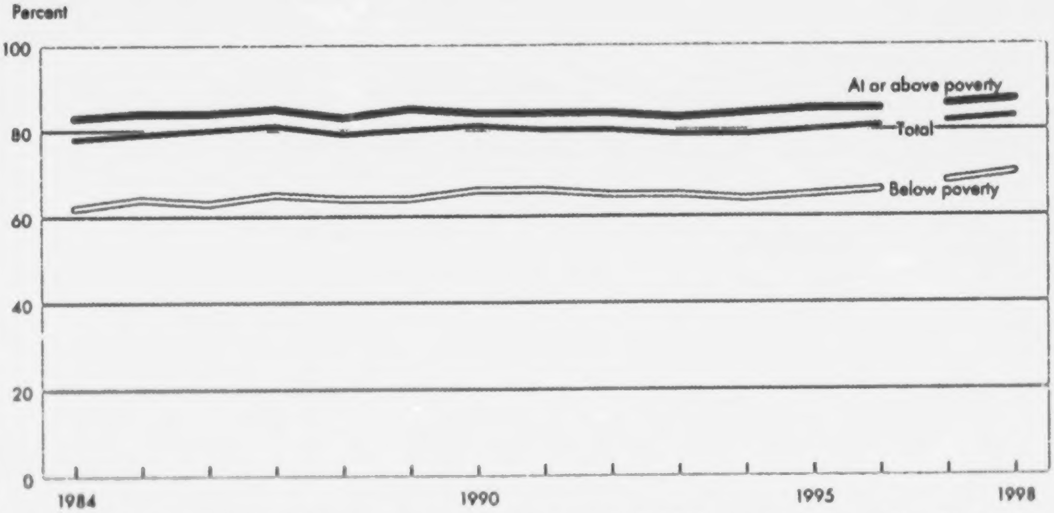
Health Indicators

The World Health Organization defines health as "a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This section presents information on several important measures of child health. Data depicted include indicators of general health and chronic disease, a measure of birth outcomes (low birthweight), mortality rates, immunization rates, and rates of births to adolescents. Important measures for which data are not available include child abuse and neglect, mental health, and disability.

General Health Status

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children. This indicator measures the percentage of children whose parents report them to be in very good or excellent health.

Indicator HEALTH1 **Percentage of children under age 18 in very good or excellent health by poverty status, 1984-98**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

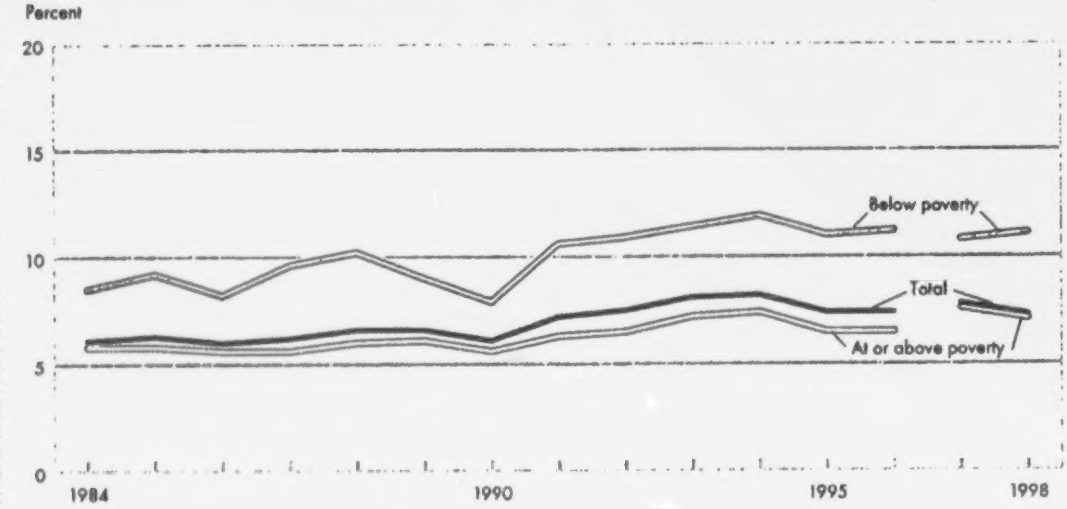
- In 1998, about 83 percent of children were reported by their parents to be in very good or excellent health. This was similar to the 1997 rate of 82 percent.
- Children under age 5 are slightly more likely to be in very good or excellent health than children ages 5 to 17.
- Child health varies by family income. Children living below the poverty line are less likely than children in higher-income families to be in very good or excellent health. In 1998, about 70 percent of children in families below the poverty line were in very good or excellent health, compared with 87 percent of children in families living at or above the poverty line.
- The health gap between children below and those at or above the poverty line did not change between 1984 and 1998. Each year, children at or above the poverty line were substantially more likely to be in very good or excellent health than children whose families were below the poverty line.

Bullets contain references to data that can be found in Table HEALTH1 on page 87. See indicator ECON1.A and ECON1.B on pages 14-15 for a description of child poverty.

Activity Limitation

Children whose activities are limited by one or more chronic health conditions may need more specialized health care than children without such limitations. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services.[36,37] Researchers use parental reports on limitations associated with chronic conditions to determine the prevalence of activity limitations. Chronic conditions (such as asthma, hearing impairment, or diabetes) included in this measure usually have a duration of more than 3 months. Activities include going to school, playing, and any other activities of children.

Indicator HEALTH2 **Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions by poverty status, 1984-98**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

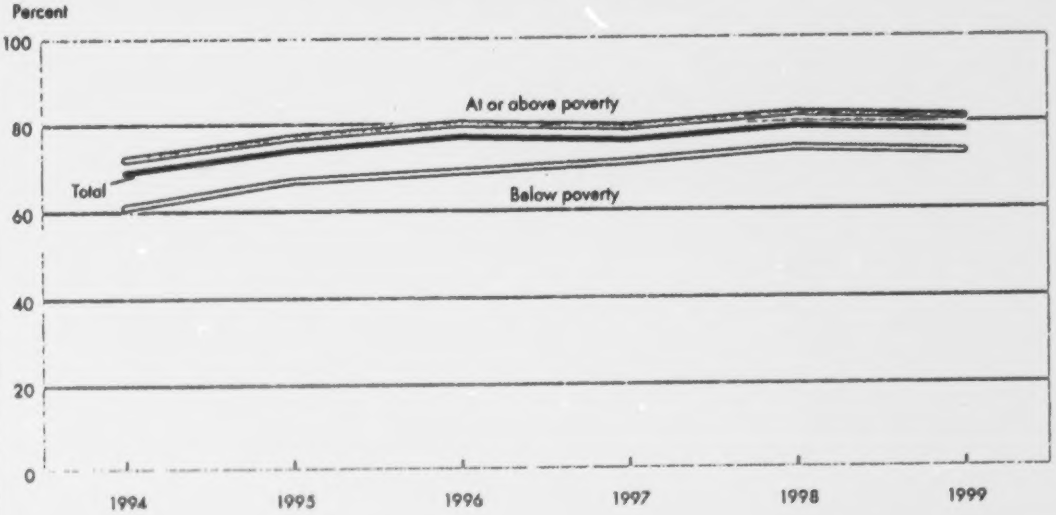
- ☐ In 1998, 7 percent of children ages 5 to 17 were limited in their activities because of one or more chronic health conditions, compared with 3 percent of children younger than 5. Children and youth ages 5 to 17 have much higher rates of activity limitation than younger children, partly because some chronic conditions are not diagnosed until children enter school.
- ☐ Children and youth in families living below the poverty line have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 11 percent of children living below poverty had activity limitations due to chronic conditions in 1998, whereas 7 percent of children in families at or above poverty had a limitation.
- ☐ The difference in activity limitation by income is also present among preschool-age children. Children under age 5 in families below poverty had a rate of activity limitation that was higher than that for children in families at or above poverty.
- ☐ Males ages 5 to 17 were more likely than females in the same age group to have activity limitations (10 percent of boys compared with 5 percent of girls in 1998).

Bullets contain references to data that can be found in Table HEALTH2 on page 88. Endnotes begin on page 58.

Childhood Immunization

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious vaccine-preventable illnesses. The combined immunization series (often referred to as the 4:3:1:3 combined series) rate measures the extent to which children have received four key vaccinations.

Indicator HEALTH3 **Percentage of children 19 to 35 months of age with the 4:3:1:3 combined series of vaccinations by poverty status, 1994-99**



NOTE: Vaccinations included in the combined series are 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP)/diphtheria and tetanus toxoids (DT) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.pdf.

SOURCE: Centers for Disease Control and Prevention, National Immunization Program and National Center for Health Statistics, National Immunization Survey.

☐ In 1999, 78 percent of children ages 19 to 35 months had received the combined series of vaccines (often referred to as the 4:3:1:3 combined series).

☐ Children with family incomes below the poverty level had lower rates of coverage with the combined series than children with family incomes at or above the poverty line—73 percent of children below poverty compared with 81 percent of higher-income children.

☐ Overall and for children living above and below the poverty level, coverage with the combined series remained relatively stable between 1998 and 1999, as did the gap in coverage between children in families living above and below the poverty level.

☐ Coverage with three or more doses of Hib vaccine among children ages 19 to 35 months remained relatively stable at 94 percent.

☐ In 1999, coverage with three or more doses of hepatitis B vaccine among children ages 19 to 35 months remained relatively stable at 88 percent.

☐ Rates of coverage with the full series of vaccines were higher among white, non-Hispanic children than among black, non-Hispanic or Hispanic children. Eighty-one percent of white, non-Hispanic children ages 19 to 35 months received these immunizations compared with 74 percent of black, non-Hispanic children and 75 percent of Hispanic children.

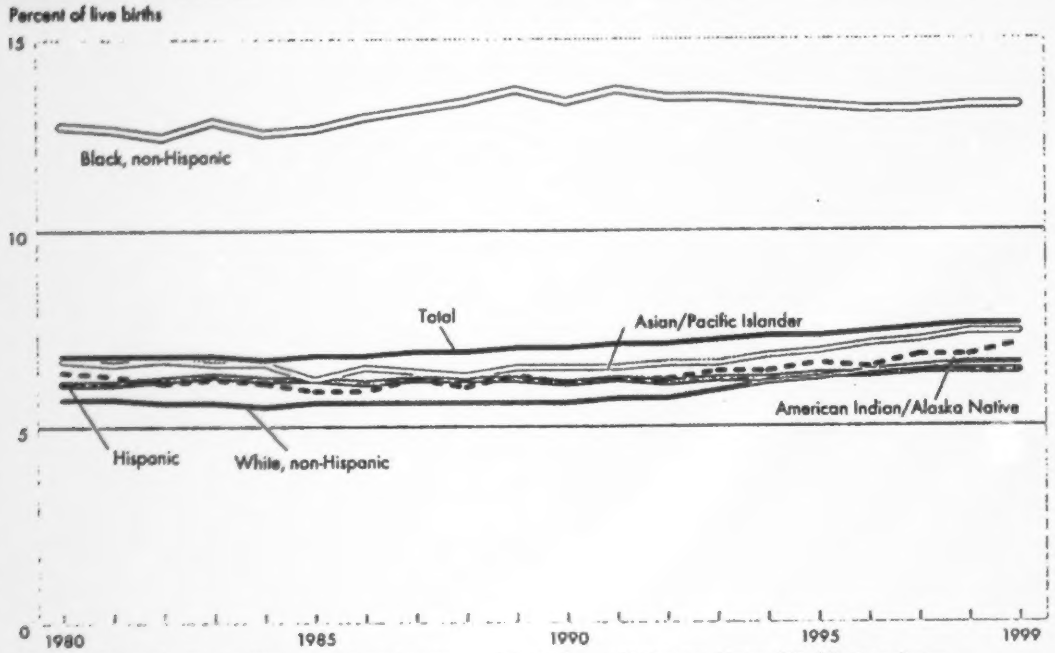
☐ In 1999, coverage with varicella (chicken pox) vaccine among children ages 19 to 35 months continued to increase from 43 percent to 58 percent. Gains in coverage for varicella vaccine were seen among all children regardless of race or ethnicity and poverty level; however, children living at or above the poverty line had higher coverage levels.

Bullets contain references to data that can be found in Table HEALTH3 on page 89.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[38,39] Low-birthweight infants are a diverse group: some are born prematurely, while others are small for their gestational age.

Indicator HEALTH4 **Percentage of infants born of low birthweight by race and Hispanic origin, 1980-99**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

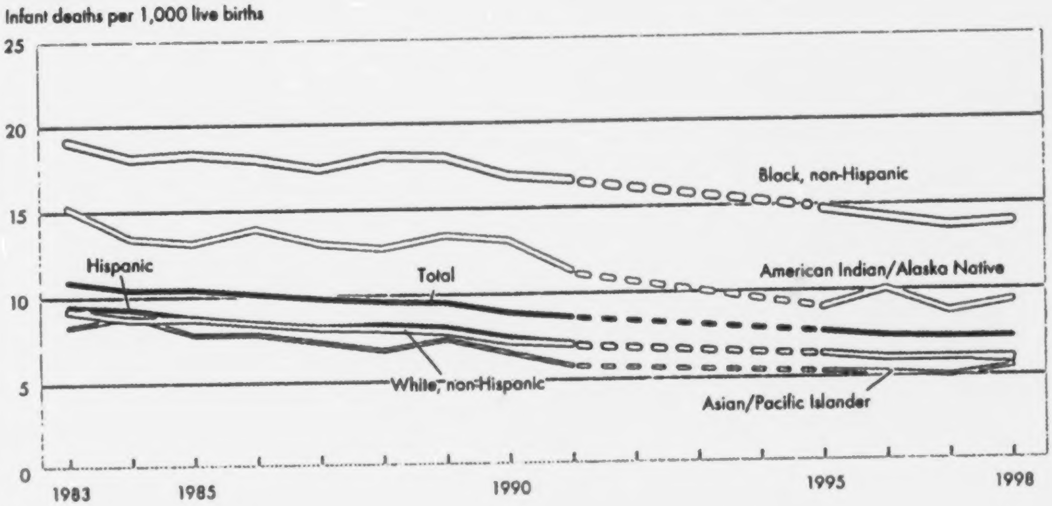
- The percentage of infants born of low birthweight was 7.6 in 1998 and 1999, up slightly from 7.5 percent in 1997. The low-birthweight rate has increased slowly but steadily since 1984. The rate in 1998 and 1999 is the highest since 1973.[5,12]
- The low-birthweight rate for black, non-Hispanic infants declined during the 1990s, to 13.1 percent in each year, 1996 and 1997, before rising slightly to 13.2 in 1998 and 1999. The rate was still higher than levels reported for the early to mid-1980s. The low-birthweight rate has risen for white, non-Hispanic infants, from 5.6 percent in 1990 to 6.6 percent in 1998 and 1999. Low birthweight among Hispanic infants remained at 6.4 percent in 1997 through 1999. The rate of low birthweight for American Indian/Alaska Native infants increased to 7.1 percent in 1999, and the overall rate for Asian/Pacific Islander infants was 7.4 percent in 1998 and 1999.[5,12]
- The percentage of low-birthweight births varies widely within Hispanic and Asian/Pacific Islander subgroups. Data for 1999 indicate that among Hispanics, women of Mexican origin had the lowest percentage of low-birthweight infants (5.9 percent) and Puerto Ricans the highest (9.3 percent). Among Asian/Pacific Islander subgroups, low birthweight was lowest for births to women of Chinese origin (5.2 percent) and highest for women of Filipino origin (8.3 percent).
- About 1.4 percent of infants were born with very low birthweight (less than 1,500 grams) in each year, 1996-99, up from 1.3 percent in each year 1989-95 and 1.2 percent in each year, 1981-88.
- One reason for the increase in low birthweight over the past several years is that the number of twin, triplet, and higher-order multiple births has increased.[5,12,40,41] Twins and other multiples are much more likely than singleton infants to be of low birthweight; 55 percent of twins and 94 percent of triplets, compared with 6 percent of singletons, were of low birthweight in 1998.[12]

Bullets contain references to data that can be found in Table HEALTH4 on page 90. Endnotes begin on page 58.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality of access to medical care, socioeconomic conditions, and public health practices.[42] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. About one-third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke or access to health care.[43]

Indicator HEALTH5 **Infant death rates by race and Hispanic origin, selected years 1983-98**



NOTE: Data are available for 1983-91 and 1995-98. Infant deaths are deaths before the first birthday.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked File of Live Births and Infant Deaths.

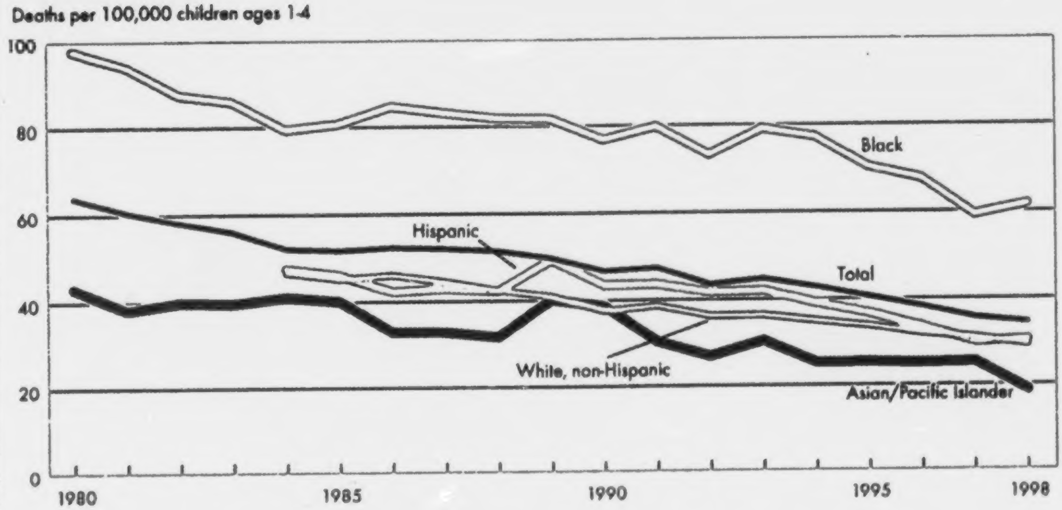
- The 1998 infant mortality rate for the United States was 7.2 deaths per 1,000 live births, substantially below the 1983 rate of 10.9, but identical to the 1997 rate.
- While infant mortality rates continued to decrease for Hispanic infants in 1998, the rates increased for black, non-Hispanic, Asian/Pacific Islander and American Indian/Alaska Native infants.
- Infant mortality has dropped for all racial and ethnic groups over time, but substantial racial and ethnic disparities remain. Black, non-Hispanic infants have consistently had a higher infant mortality rate than white, non-Hispanic infants.[44] In 1998, the black, non-Hispanic infant mortality rate was 13.9 infant deaths per 1,000 live births and the American Indian/Alaska Native rate was 9.3, both significantly higher than the white, non-Hispanic rate of 6.0, the rate of 5.8 among Hispanic infants, or the rate of 5.5 among Asian/Pacific Islander infants.
- ☐ Infant mortality rates also vary within race and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate ranged from 3.6 for infants of Cuban origin to a high of 7.8 for Puerto Ricans. Among Asians/Pacific Islanders, infant mortality rates ranged from 3.5 for infants of Japanese origin to 6.2 for Filipinos.

Bullets contain references to data that can be found in Table HEALTH5 on page 91. Endnotes begin on page 58.

Child Mortality

Child death rates are the most severe measure of ill health in children. These rates have generally declined over the past two decades. Deaths to children ages 1 to 4 are calculated separately from those for children ages 5 to 14 because causes and rates of death vary substantially by age.

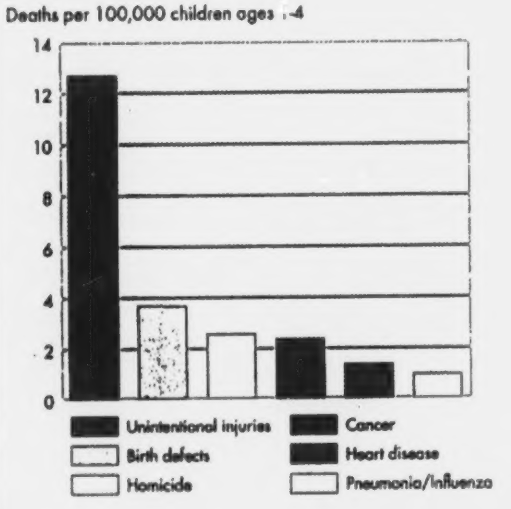
Indicator HEALTH6.A **Death rates among children ages 1 to 4 by race and Hispanic origin, 1980-98**



NOTE: Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small to calculate reliable rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

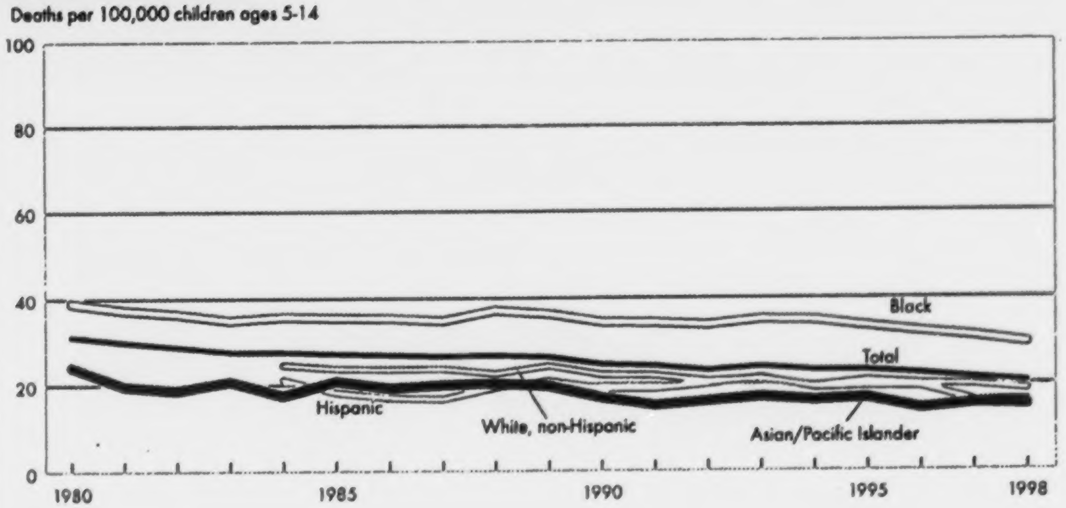
Death rates among children ages 1 to 4 by cause of death, 1998



- In 1998, the death rate for children ages 1 to 4 was 35 per 100,000 children.
- Between 1980 and 1998, the death rate declined by almost half for children ages 1 to 4.
- Among children ages 1 to 4, black children had the highest death rate in 1998, at 62 per 100,000 children. Asian/Pacific Islander children had the lowest death rate, at 19 per 100,000.
- Among children ages 1 to 4, unintentional injuries were the leading cause of death, followed by birth defects. The death rate from unintentional injuries in 1998 was about half of what it was in 1980, having declined from about 26 to 13 per 100,000. Mortality from birth defects also declined by about half, from 8 deaths per 100,000 in 1980 to 4 in 1998.
- Most unintentional injury deaths among children result from motor vehicle traffic crashes. Use of child restraint systems, including safety seats, booster seats, and seat belts, can greatly reduce the number and severity of injuries to child occupants of motor vehicles. In 1998, 51 percent of child occupants ages 1 to 4 who died in crashes were unrestrained.[45]

Death rates for children ages 5 to 14 are lower than for children under age 5.

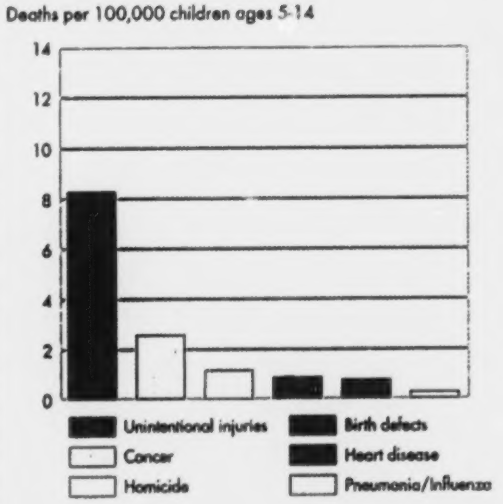
Indicator HEALTH6.B **Death rates among children ages 5 to 14 by race and Hispanic origin, 1980-98**



NOTE: Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small to calculate reliable rates.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Death rates among children ages 5 to 14 by cause of death, 1998



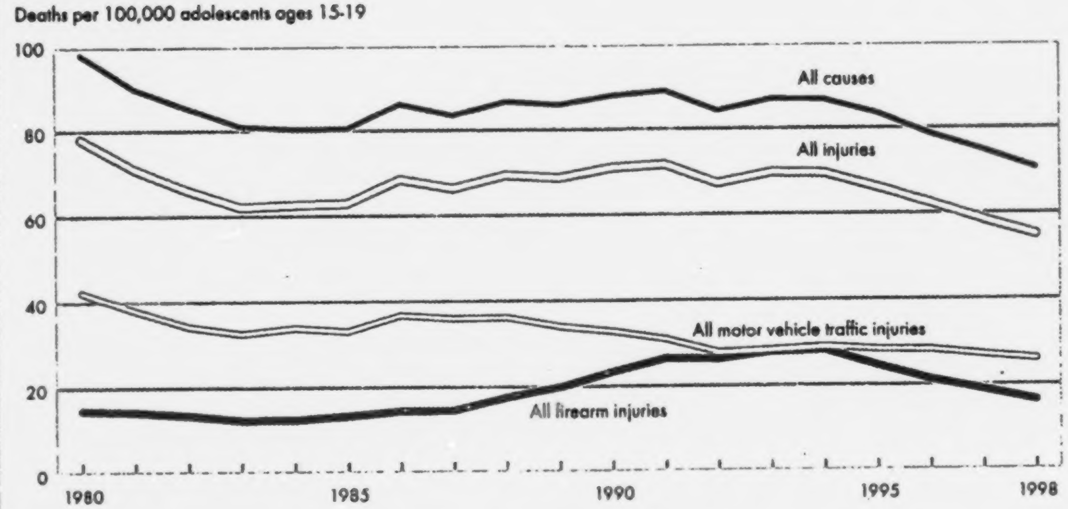
- The death rate in 1998 for children ages 5 to 14 was 20 per 100,000 children.
- Between 1980 and 1998, the death rate declined by almost one-third, from 31 to 20 deaths per 100,000 children ages 5 to 14.
- Similar to mortality patterns for children under the age of 5, among children ages 5 to 14, black children had the highest death rates in 1998 at 29 deaths per 100,000, and Asians/Pacific Islanders had the lowest death rate at 15.
- Among children ages 5 to 14, unintentional injuries were the leading cause of death, followed by cancer, homicide, and birth defects.
- The majority of unintentional injury deaths among children ages 5 to 14 result from motor vehicle traffic crashes. Over 61 percent of children ages 5 to 14 who died in traffic crashes in 1998 were not wearing a seatbelt or other restraint.[45]

Bullets contain references to data that can be found in Tables HEALTH6.A and HEALTH6.B on pages 92 - 93. Endnotes begin on page 58.

Adolescent Mortality

Compared with younger children, adolescents ages 15 to 19 have much higher mortality rates. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.[46] This difference illustrates the importance of looking separately at mortality rates and causes of death among teenagers ages 15 to 19.

Indicator HEALTH7.A **Death rates among adolescents ages 15 to 19 by cause of death, 1980-98**

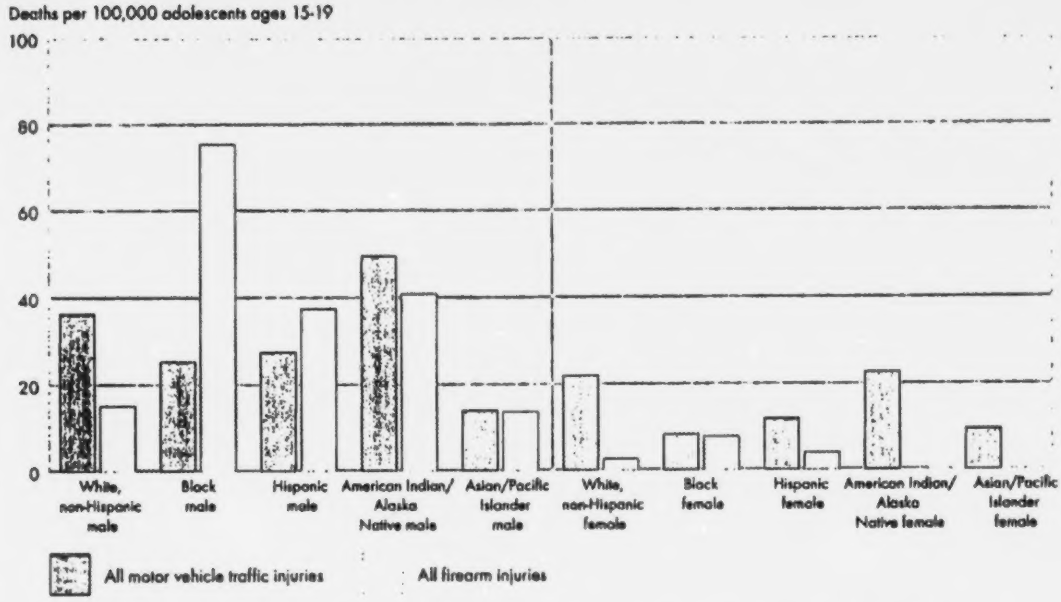


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1998, the death rate for adolescents ages 15 to 19 was 71 deaths per 100,000. After increasing to 89 per 100,000 in 1991, the rate declined again and continues to be substantially lower than the rate in 1980. Injury, which includes homicide, suicide, and unintentional injuries, continues to account for over 3 out of 4 deaths among adolescents.
- Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15 to 19. Motor vehicle traffic-related injuries accounted for 37 percent of deaths in this age group during 1998, while injuries from firearms accounted for 23 percent.
- Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 1998, but the motor vehicle death rate declined by one-third during the time period. Little change, however, has occurred since 1992.
- In 1980, motor vehicle traffic-related deaths among adolescents ages 15 to 19 occurred almost three times as often as firearm injuries (intentional and unintentional). Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985, both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992-94, the two rates differed only slightly. However, since 1994, the firearm death rate has decreased by over one-third while the motor vehicle death rate has only decreased slightly.
- Most of the increase in firearm injury deaths between 1985 and 1992 resulted from an increase in homicides. The firearm homicide rate among youth ages 15 to 19 more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 1998, the firearm homicide rate declined by nearly one-half and the firearm suicide rate declined by over one-fourth.

Indicator HEALTH7.B

Injury death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and type of injury, 1998



NOTE: There were too few firearm deaths to calculate a reliable rate for American Indian/Alaska Native females and Asian/Pacific Islander females.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

☐ Motor vehicle and firearm injury deaths were both more common among male than among female adolescents. In 1998, the motor vehicle traffic death rate for males was twice the rate for females, and the firearm death rate among males was seven times that for females.

☐ Among adolescents in 1998, motor vehicle injuries were the most common cause of death among white, non-Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander males and females; black females; and Hispanic females. Firearm injuries were the most common cause of death among black and Hispanic males. Black males were three times as likely to die from a firearm injury as from a motor vehicle traffic injury.

☐ Deaths from firearm suicides were more common than deaths from firearm homicides among white, non-Hispanic adolescents and American Indian/Alaska Native adolescents. Deaths from firearm homicides were more common than deaths from firearm suicides among black, Hispanic, and Asian/Pacific Islander adolescents.

☐ Motor vehicle and firearm mortality declined more for males than for females between 1994 and 1998.

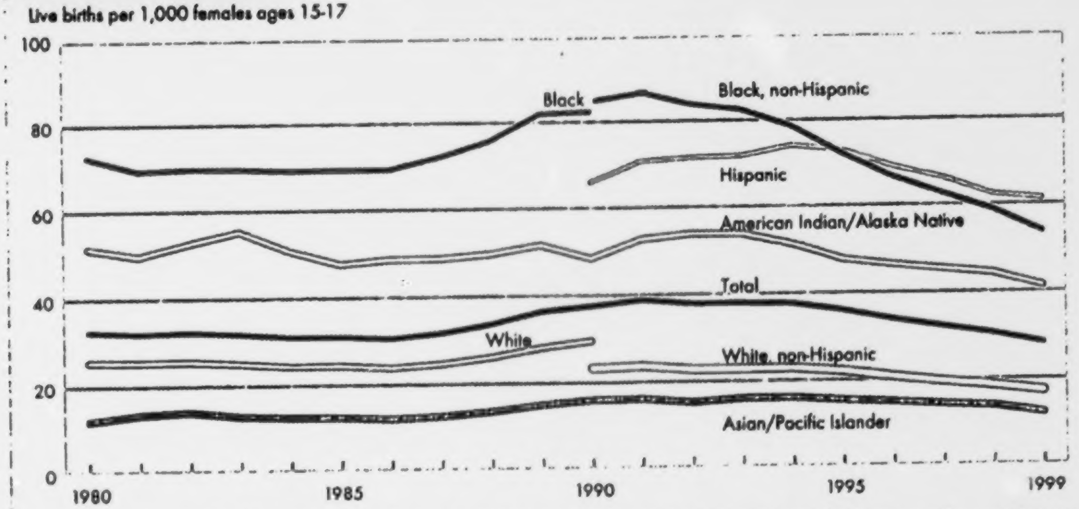
☐ Deaths from firearm injuries among adolescents declined substantially between 1994 and 1998, particularly among black and Hispanic males. From 1994 to 1998, the firearm homicide rates for Hispanic and black adolescent males declined substantially, to 29 and 78 per 100,000, respectively.

Bullets contain references to data that can be found in Table HEALTH7 on pages 94-95. Endnotes begin on page 58.

Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.[47] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[5,12,39] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[48] The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age.

Indicator HEALTH8 **Birth rates for females ages 15 to 17 by race and Hispanic origin, 1980-99**



NOTE: Rates for 1980-89 are calculated for all whites and all blacks. Rates for 1980-89 are not shown for Hispanics, white, non-Hispanics or black, non-Hispanics because information on the Hispanic origin of the mother was not reported on the birth certificates of most states.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1999, the adolescent birth rate was 29 per 1,000 young women ages 15 to 17. There were 163,588 births to these young women in 1999. The 1999 rate was a record low for the Nation.[12]
- The birth rate among teenagers ages 15 to 17 declined one-fourth, from 39 to 29 births per 1,000, between 1991 and 1999. This decline follows a one-fourth increase between 1986 and 1991. The 1999 rate was a record low for young teenagers.[12]
- There are substantial racial and ethnic disparities in birth rates among adolescents ages 15 to 17. In 1999 the birth rate for this age group was 12 per 1,000 for Asians/Pacific Islanders, 17 for white, non-Hispanics, 41 for American Indians/Alaska Natives, 54 for black, non-Hispanics, and 61 for Hispanics.
- The birth rate for black, non-Hispanic females ages 15 to 17 dropped by more than one-third between 1991 and 1999, completely reversing the increase from 1986 to 1991. The birth rate for white, non-Hispanic teens declined by more than one-fourth during 1991-99. In contrast, the birth rate for Hispanics in this age group did not begin to decline until after 1994; the rate fell by more than one-sixth from 1994 to 1999.
- In 1999, 88 percent of births to females ages 15 to 17 were to unmarried mothers, compared with 62 percent in 1980.
- The steepest decline in birth rates for ages 15 to 17 in the mid 1990s has been for first births, which account for four-fifths of births to adolescents. Earlier in the decade, declines were much greater for second births to adolescents who had already had a first birth.[12,49]
- The pregnancy rate (the sum of births, abortions, and fetal losses per 1,000) declined by one-fifth for teenagers ages 15 to 17 during 1990-97, reaching a record low of 64 per 1,000 in 1997. Rates for births, abortions, and fetal losses declined for young teenagers in the 1990s.[50,51]

Bullets contain references to data that can be found in Table HEALTH8 on page 96 and Table POP6.B on page 74. Endnotes begin on page 58.

Indicators Needed

Health

National indicators in several key dimensions of health are not yet available because of difficulty in definitions and measurement, particularly using survey research. The following health-related areas have been identified as priorities for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* The Forum is working to develop an improved measure of disability among children that can be derived from regularly collected data. Disability in children may involve chronic health conditions or limitations in mobility and physical movement, sensory and communicative ability, activities of daily living, or cognitive and mental health functions. Many definitions of disability are currently in use by policy-makers and researchers, but there is little agreement regarding which components should be included, or how they are best measured. Parental or individual perceptions of limitations, the severity and impact of the limitation, and access to health care and services affect any estimate of disability among children. One measure of childhood disability was presented as the special feature in *America's Children, 1999.*
- *Mental health.* Efforts are currently underway to evaluate data from a mental health indicator that could be used in national surveys to estimate the number of children with mental, emotional, and behavioral problems. The National Institute of Mental Health and the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration are working with other Forum agencies and academic researchers to determine data needs on mental health for children as well as the best methods of obtaining the data.
- *Child abuse and neglect.* Also needed are regular, reliable estimates of the incidence of child abuse and neglect that are based on sample surveys rather than administrative records. One estimate of child abuse and neglect was presented as a special feature in *America's Children, 1997.* Since administrative data are based on cases reported to authorities, it is likely that these data underestimate the magnitude of the problem. Estimates based on sample survey data could potentially provide more accurate information; however, a number of issues still persist, including how to effectively elicit this sensitive information, how to identify the appropriate respondent for the questions, and whether there is a legal obligation for the surveyor to report abuse or neglect.

Indicators of Children's Well-Being

Behavior and Social Environment Indicators

The indicators in this section present data on selected measures of young people's personal behavior and aspects of their social environment that may affect them. The indicators focus on illegal or high-risk behaviors, including smoking cigarettes, drinking alcohol, using illicit drugs, and involvement in serious violent crimes, either as offender or victim. In addition to these indicators, readers should consider positive behaviors of children, aspects of neighborhood environment, and other aspects of risk and problem behaviors in evaluating this dimension. Sources for some of these indicators are being sought.

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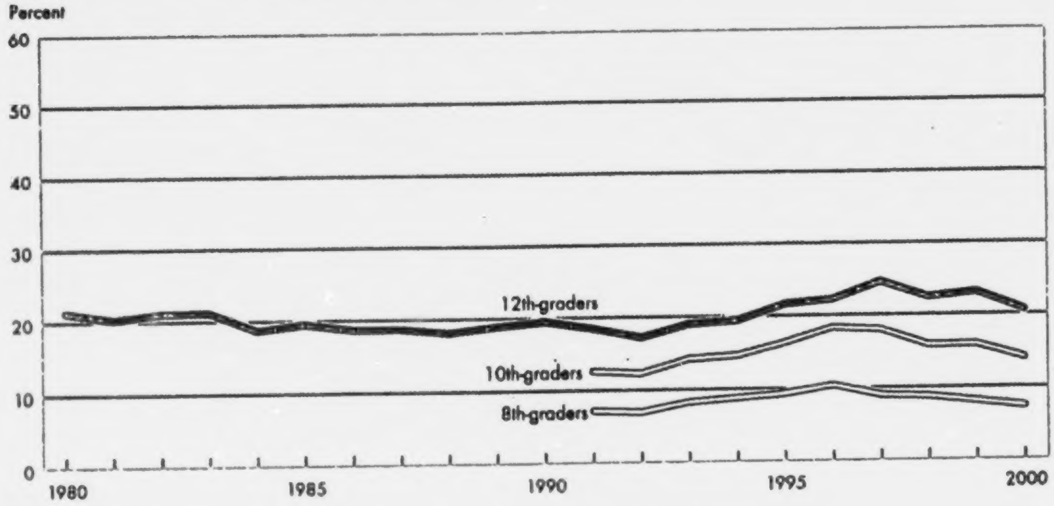
Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as causing increased health care costs associated with treating the illnesses.[52] Many adults who are addicted to tobacco today began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.[53] These consequences underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1

Percentage of students who reported smoking cigarettes daily in the previous 30 days by school grade, 1980-2000



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

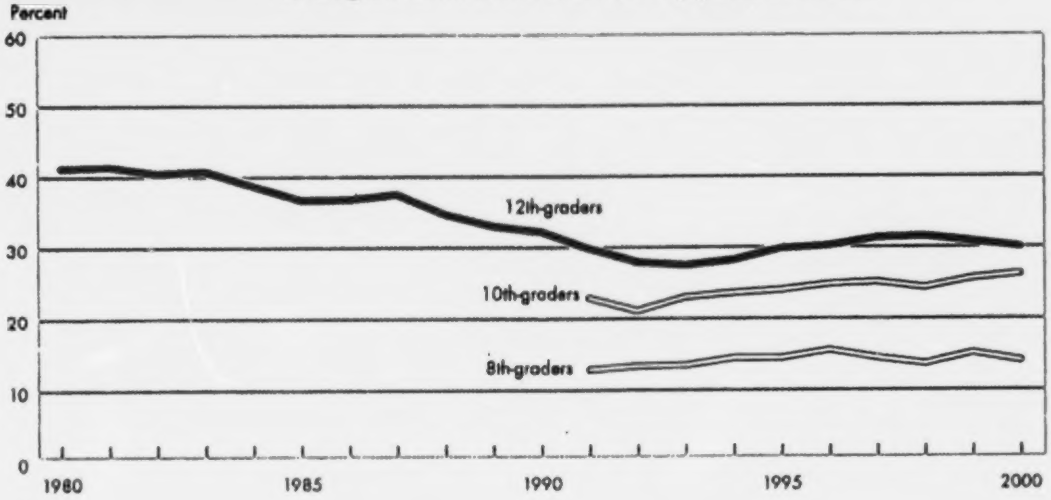
- Between 1999 and 2000, the rate of daily smoking in the past 30 days decreased from 23 percent to 21 percent among 12th-graders and from 16 percent to 14 percent among 10th-graders. Recent peak levels in daily smoking occurred in 1997 for 12th-graders and 1996 for 10th- and 8th-graders. Since those years, rates have declined in all three grades. The 2000 rate of daily smoking is the lowest since 1992 for 8th- and 10th-graders and since 1994 for 12th-graders.
- Long-term trends for seniors show that daily smoking declined from 21 percent in 1980 to 17 percent in 1992 then increased to 25 percent in 1997 and declined to 21 percent in 2000.
- Males and females report similar rates of daily smoking. Among males, 7 percent of 8th-graders, 14 percent of 10th-graders, and 21 percent of 12th-graders reported daily smoking in the past 30 days in 2000; among females, the corresponding rates were 8 percent for 8th-graders, 14 percent for 10th-graders, and 20 percent for 12th-graders.
- Rates of smoking differ substantially between racial and ethnic groups. White students have the highest rate of smoking, followed by Hispanics and then blacks. In 2000, 26 percent of white 12th-graders reported daily smoking, compared to 16 percent of Hispanics and 8 percent of blacks.

Bullets contain references to data that can be found in Table BEH1 on page 97. Endnotes begin on page 58.

Alcohol Use

Alcohol is the most commonly used psychoactive substance during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; with problems in school and in the workplace; and with fighting, crime, and other serious consequences.[54] Heavy drinking in adolescence may be especially problematic, potentially increasing the likelihood of negative outcomes.

Indicator BEH2 **Percentage of students who reported having five or more alcoholic beverages in a row in the last 2 weeks by grade, 1980-2000**



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- In 2000, rates of heavy drinking remained largely unchanged from 1999, with 30 percent of 12th-graders, 26 percent of 10th-graders, and 14 percent of 8th-graders reporting heavy drinking, i.e., having at least five drinks in a row at least once in the previous 2 weeks.
- Long-term trends for seniors indicate a peak in 1981, when 41 percent reported heavy drinking. Subsequently, the percentage of high school seniors reporting heavy drinking declined significantly to a low of 28 percent in 1993. Since that time, the prevalence of heavy drinking has held fairly steady, ranging from 30 to 32 percent. The rate in 2000 was 30 percent.
- Among 10th- and 12th-graders, males are more likely to drink heavily than are females. In 2000, 37 percent of 12th-grade males reported heavy drinking, compared with 24 percent of 12th-grade females. Among 10th-graders, 30 percent of males reported heavy drinking, compared with 23 percent of females. As adolescents get older, the differences between males and females in this drinking behavior appear to become more pronounced.
- For the 8th-graders surveyed, the rate of heavy drinking among males declined from 16 percent in 1999 to 14 percent in 2000; the rate was also 14 percent for females in that grade in 2000.
- Heavy drinking is much more likely among Hispanic and white secondary school students than among their black counterparts. For example, among 12th-graders, 12 percent of blacks reported heavy drinking compared with 35 percent of whites and 31 percent of Hispanics. Similarly, among 10th-graders, 13 percent of blacks reported heavy drinking, compared with 28 percent of both whites and Hispanics.

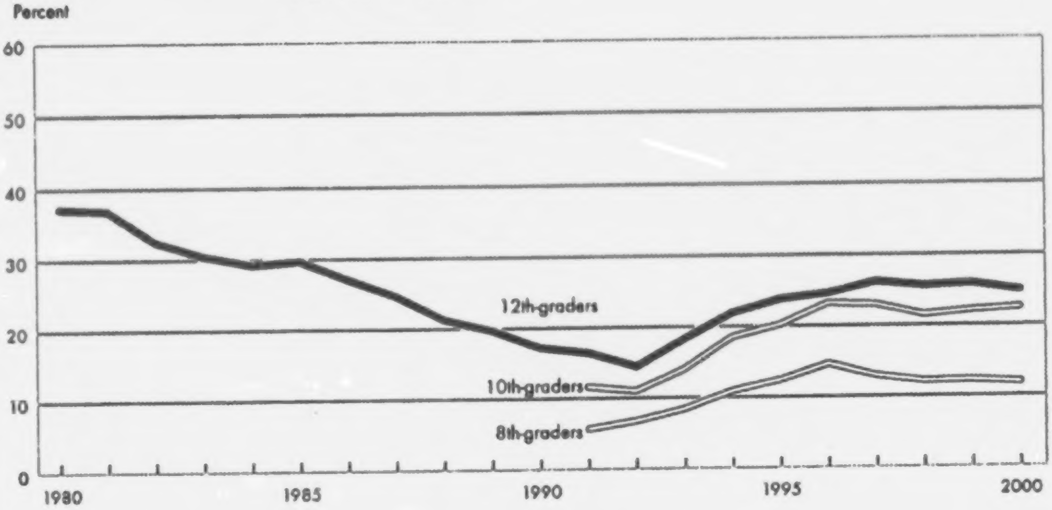
Bullets contain references to data that can be found in Table BEH2 on page 98. Endnotes begin on page 58.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders to disability to death from heart attacks and strokes.[55] Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.[56,57] Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.[58] As is the case with alcohol use and smoking, drug use is a risk-taking behavior that has serious negative consequences.

Indicator BEH3

Percentage of students who reported using illicit drugs in the previous 30 days by grade, 1980-2000



NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy (MDMA)), amphetamines (including methamphetamine), and non-medical use of psychotherapeutics.

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

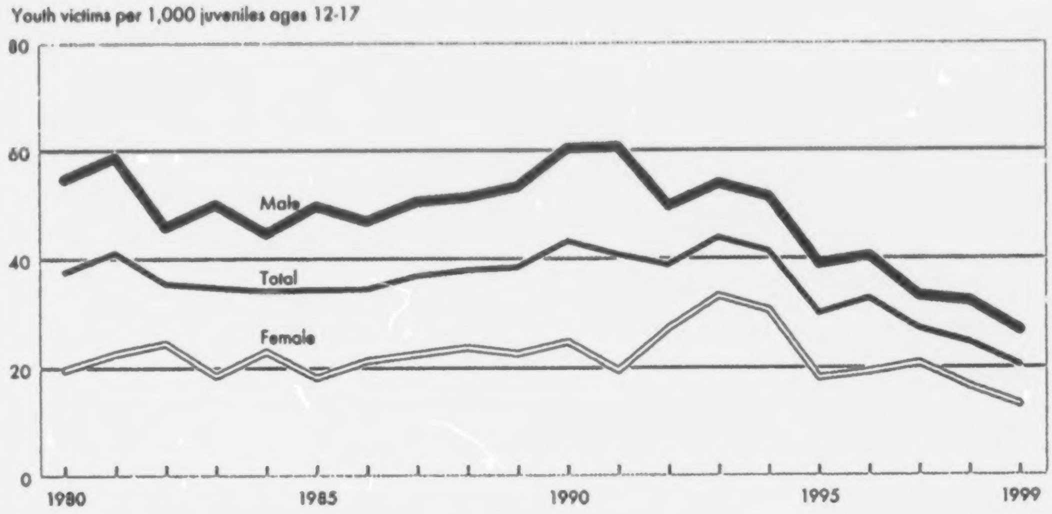
- The percentage of 8th-, 10th-, and 12th-graders reporting illicit drug use in the past 30 days remained stable from 1999 to 2000. In 2000, 25 percent of 12th-graders reported using illicit drugs in the previous 30 days, as did 23 percent of 10th-graders and 12 percent of 8th-graders.
- The percentage of students reporting illicit drug use in the past 30 days increased substantially from 1992 to 1996 or 1997. For 12th-graders, it increased from 14 percent in 1992 to 26 percent in 1997. Between 1992 and 1996, rates of use increased from 11 to 23 percent among 10th-graders and from 7 to 15 percent among 8th-graders. Since these recent peaks, illlicit drug use has remained stable or decreased.
- Long-term trends for 12th-graders indicate that illicit drug use declined from 37 percent in 1980 to 14 percent in 1992. After 1992, rates began to rise sharply, reaching 26 percent in 1997; since then, illicit drug use by 12th-graders has remained stable. (Data for 8th- and 10th-graders are not available before 1991.)
- Among 12th-graders, males are more likely to use illicit drugs than are females (28 percent versus 22 percent, respectively, in 2000). For 8th-graders, however, males and females are equally likely to report the use of illicit drugs, with 12 percent of males and 11 percent of females reporting use in the last 30 days.
- In 2000, 26 percent of white 12th-graders reported illicit drug use, as did 20 percent of black and 27 percent of Hispanic 12th-graders. Among 10th-graders, 23 percent of whites, 17 percent of blacks, and 24 percent of Hispanics reported illicit drug use in the past 30 days, while for 8th-graders, the rates were 11 percent for both whites and blacks and 15 percent for Hispanics.

Bullets contain references to data that can be found in Table BEH3 on page 99. Endnotes begin on page 58.

Youth Victims and Perpetrators of Serious Violent Crimes

Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.[59,60] Youth ages 12 to 17 are twice as likely as adults to be victims of serious violent crimes,[61] which include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.

Indicator BEH4 A **Rate of serious violent crime victimization of youth ages 12 to 17 by gender, 1980-99**



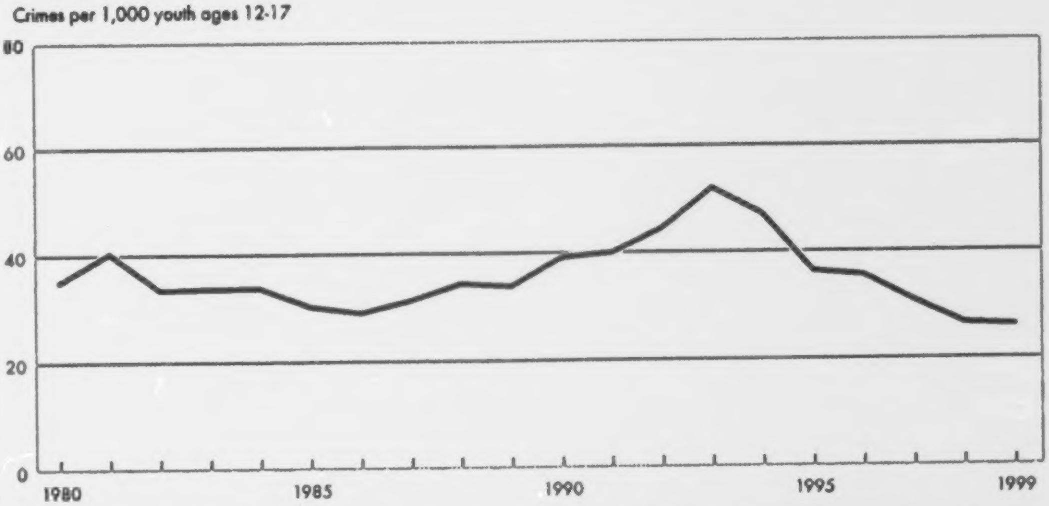
NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 1999, the rate at which youth were victims of serious violent crimes was 20 crimes per 1,000 juveniles ages 12 to 17, totaling about 480,000 such crimes.
- The serious violent crime victimization rate fluctuated between 34 and 43 per 1,000 from 1980 to 1990, and peaked at 44 per 1,000 in 1993. Since 1993, the rate of serious violent crime against youth has decreased by 53 percent, down to 20 per 1,000 in 1999.
- Males are nearly twice as likely as females to be victims of serious violent crimes. In 1999, the serious violent crime victimization rate was 27 per 1,000 male youth, compared with 14 per 1,000 female youth.
- Younger teens (ages 12 to 14) are as likely as older teens (ages 15 to 17) to be victims of serious violent crimes. In 1999, the serious violent crime victimization rate for older teens dropped to 20 per 1,000 from 29 per 1,000 in 1998.

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior, as well as the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. One measure of the serious violent crime committed by juveniles is the incidence rate of serious violent juvenile crime.

Indicator BEH4.B **Serious violent crime offending rate by youth ages 12 to 17, 1980-99**



NOTE: This rate is the ratio of the number of crimes (aggravated assault, rape, and robbery; i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- According to reports by victims, in 1999, the serious violent juvenile crime offending rate was 26 crimes per 1,000 juveniles ages 12 to 17 years old, totaling 610,000 such crimes involving juveniles—a 50 percent drop from the 1993 high and the lowest level recorded since the national victimization survey began in 1973.
- Reports by victims indicate that between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000, and then began to increase from 34 per 1,000 in 1989 to a high of 52 per 1,000 in 1993. Since then, the rate has steadily dropped to 26 per 1,000 in 1999.
- Based on victims' reports, since 1980, the percentage of all serious violent crime involving juveniles has ranged from 19 percent in 1982 to 26 percent in 1993, the peak year for youth violence. In 1999, 24 percent of all such victimizations reportedly involved a juvenile offender.
- In nearly half (47 percent) of all serious violent juvenile crimes reported by victims in 1999, more than one offender was involved in the incident. Because insufficient detail exists to determine the age of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the number of crimes committed involving juveniles 12 to 17 years old in relation to the juvenile population.

Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on pages 100-101. Endnotes begin on page 58.

Indicators Needed

Behavior and Social Environment

A broader set of indicators than those presented in this section is needed to adequately monitor the social environment and behaviors of youth. This year's report includes a special feature on youth employment. Other behavior and social environment measures are needed on:

- *Indicators of positive behaviors.* The participation of youth in positive activities and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. Additional research needs to be conducted to strengthen our understanding of positive activities and the aspects of those activities that protect youth from risk. Then, regular sources of data that can be used to monitor trends in these important areas over time need to be developed. Examples of positive activities might include participation in extracurricular activities such as school clubs and team sports, scouting, or involvement with religious organizations. One measure, youth participation in volunteer activities, was presented as a special feature in *America's Children, 2000.* Forum agencies are also examining the measurement and influence of young people's feelings of closeness with their parents.
- *Neighborhood environment.* Research shows that growing up in distressed neighborhoods has an effect over and above that of individual or family background characteristics on child well-being. A survey is being implemented that would, for the first time, enable the monitoring of America's communities and neighborhoods over time and identify distressed neighborhoods in which children are living.
- *Youth violence.* It is difficult to track youth participation in violent crime because crime data are reported by victims, not perpetrators. Therefore, the indicator on serious violent crime offending by youth in this report does not provide critical information on the number and characteristics of youthful offenders involved in serious crime. Additional work is needed to produce a more comprehensive and useful measure of the prevalence of violence among young people.

Indicators of Children's Well-Being

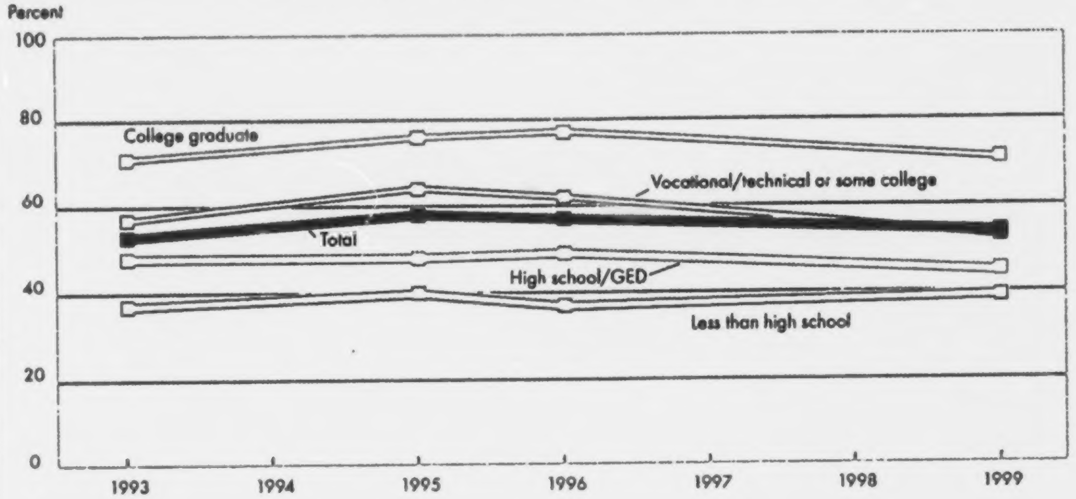
Education Indicators

The education of children shapes their own personal development and life chances, as well as the economic and social progress of our nation. This section presents key indicators of how well children are learning and progressing from early childhood through postsecondary school. Two indicators related to early childhood development are presented: family reading to young children and participation in early childhood care and education. Both measures are placeholders for a direct recurring assessment of what preschoolers know and can do, which is not yet available. Scores on national assessments of mathematics and reading for elementary, middle, and high school students are presented, followed by an indicator on advanced coursetaking. Completion rates for high school and college indicate the extent to which students have attained a basic education and are prepared for higher levels of education or the workforce. By contrast, the indicator on youth neither enrolled in school nor working tracks the extent to which youth are at risk of limiting their future prospects at a critical stage of their lives.

Family Reading to Young Children

Reading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.[62] The percentage of young children read aloud to daily by a family member is one indicator of how well young children are being prepared for school. Mother's education is consistently related to whether children are read to by a family member.

Indicator ED1 **Percentage of children ages 3 to 5 who were read to every day in the last week by a family member by mother's education, selected years 1993-99**



NOTE: Data are available for 1993, 1995, 1996, and 1999. Estimates are based on children ages 3 to 5 who have yet to enter kindergarten.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

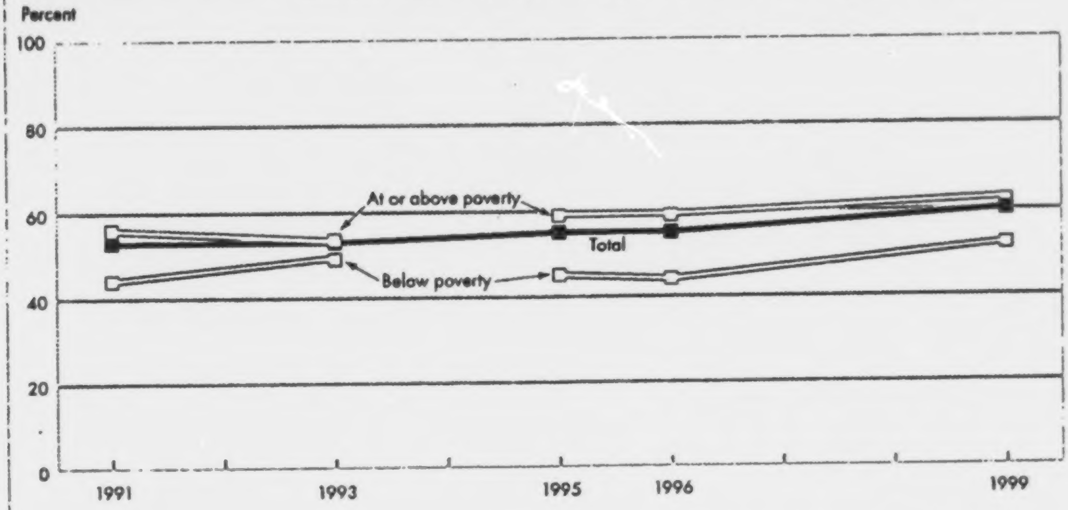
- In 1999, 54 percent of children ages 3 to 5 were read to daily by a family member. The percentage has fluctuated between 53 and 58 since 1993.
- As a mother's education increases, so does the likelihood that her child is read to every day. In 1999, 71 percent of children whose mothers were college graduates were read aloud to every day. In comparison, daily reading aloud occurred for 53 percent of children whose mothers had some postsecondary education, 45 percent whose mothers had completed high school but had no education beyond that, and 39 percent whose mothers had not completed high school.
- White, non-Hispanic children are more likely to be read aloud to every day than either black, non-Hispanic or Hispanic children. Sixty-one percent of white, non-Hispanic children, 41 percent of black, non-Hispanic children, and 33 percent of Hispanic children were read to every day.
- Children in families with incomes below the poverty line are less likely to be read aloud to every day than are children in families with incomes at or above the poverty line. Thirty-eight percent of children in families in poverty were read to every day in 1999, down from 46 percent in 1996, compared with 58 percent of children in families at or above the poverty line, down from 61 percent in 1996.
- Children living with two parents are more likely to be read aloud to every day than are children who live with one or no parent. Fifty-eight percent of children in two-parent households were read to every day in 1999, compared with 43 percent of children living with one or no parent.

Bullets contain references to data that can be found in Table ED1 on page 102. Endnotes begin on page 58.

Early Childhood Care and Education

Like family reading, participation in an early childhood education program can provide preschoolers with skills and enrichment that can increase their chances of success in school. Studies have demonstrated that participation in high-quality early childhood education programs has short-term positive effects on IQ and achievement and long-term positive effects on low-income minority children's school completion.[65] Until an ongoing direct measure of preschoolers' cognitive, behavioral, and social skills is available for this monitoring report, this indirect indicator monitors the percentage of children who are exposed to a variety of early childhood education programs.

Indicator ED2 **Percentage of children ages 3 to 5 who are enrolled in center-based early childhood care and education programs by poverty status, selected years 1991-99**



NOTE: Data are available for 1991, 1993, 1995, 1996, and 1999. Estimates are based on children who have yet to enter kindergarten. Poverty estimates for 1991 and 1993 are not comparable to later years.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

- Sixty percent of children ages 3 to 5 who had not yet entered kindergarten attended center-based early childhood care and education programs in 1999. These programs include day care centers, nursery schools, preschool programs, Head Start programs, and prekindergarten programs.
- Between 1996 and 1999, the percentage of children of this age attending early childhood programs increased from 55 to 60 percent. Most groups of children had higher participation rates in 1999 than in 1996, but especially noteworthy were increases among children living in poverty, among children with mothers who were not in the labor force, and among black, non-Hispanic and other minority children.
- Children living in poverty were still less likely to attend these programs than those living in families at or above poverty in 1999 (52 percent compared with 62 percent).
- Children with more highly educated mothers were more likely to attend an early childhood program than others. Seventy-four percent of children whose mothers had completed college attended such programs in 1999, compared with 40 percent whose mothers had less than a high school education.
- Black, non-Hispanic children were more likely than white, non-Hispanic children or Hispanic children to attend an early childhood program. In 1999, 73 percent of black, non-Hispanic children ages 3 to 5 attended such programs, compared with 60 percent of white, non-Hispanic children and 44 percent of Hispanic children.

Bullets contain references to data that can be found in Table ED2 on page 103. Endnotes begin on page 58.

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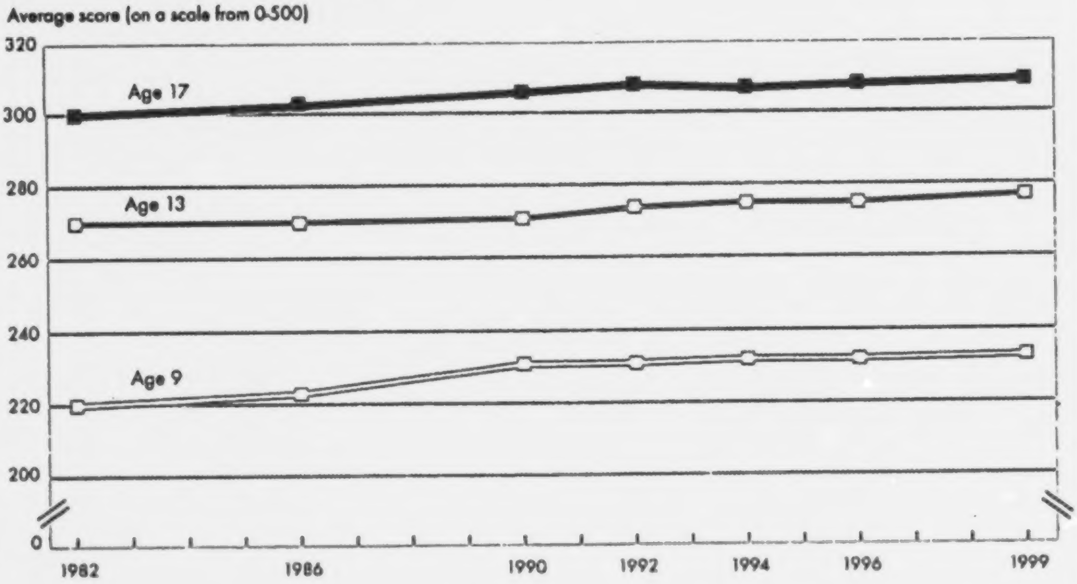
Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market as adults. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[64] Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress measures national trends in the academic performance of students at ages 9, 13, and 17.

Indicator ED3.A **Average mathematics scale scores for students ages 9, 13 and 17, selected years 1982-99**



NOTE: Data are available for 1982, 1986, 1990, 1992, 1994, 1996, and 1999. The mathematics proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

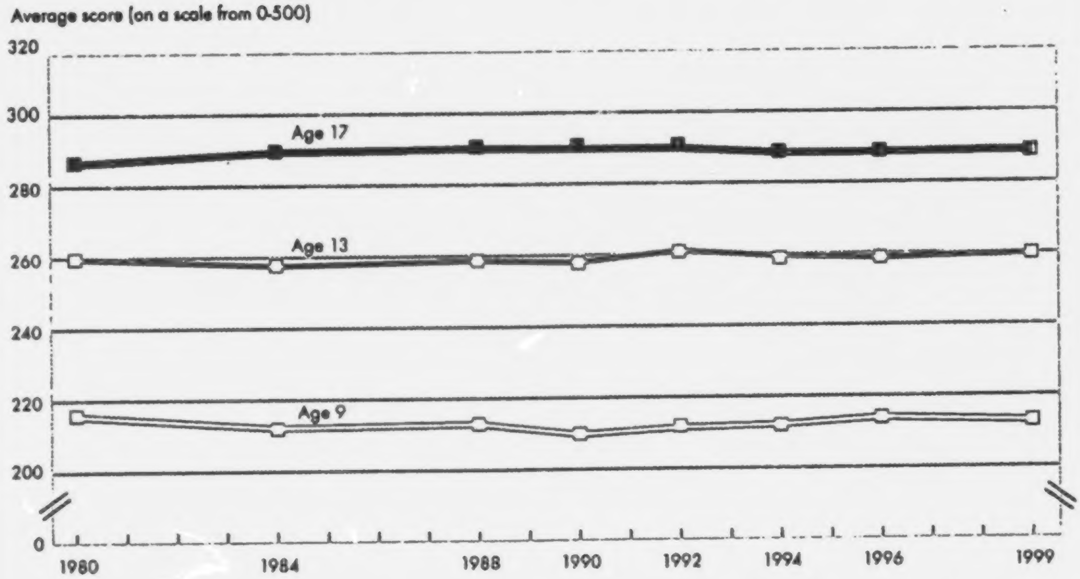
Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning
Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average mathematics scores increased for all age groups between 1982 and 1999.
- Scores did not improve significantly over the last assessment in 1996 in reading or mathematics or in any of the three age groups tested—ages 9. 13, and 17.
- White, non-Hispanic students consistently have had higher reading and mathematics scores than either black, non-Hispanic or Hispanic students at ages 9, 13, and 17. However, the gaps between non-Hispanic whites and blacks and between non-Hispanic whites and Hispanics decreased in each subject in some age groups during the 1980s and 1990s, but widened for others. Larger reductions in these gaps occurred during the 1970s because of gains in the scores of black, non-Hispanic and Hispanic students.

Indicator ED3.B

Average reading scale scores for students ages 9, 13, and 17, selected years 1980-99



NOTE: Data are available for 1980, 1984, 1988, 1990, 1992, 1994, 1996, and 1999. The reading proficiency scale ranges from 0 to 500, with the following skill levels associated with the corresponding scale score:

Level 150: Simple, discrete reading tasks
Level 200: Partial skills and understanding
Level 250: Interrelates ideas and makes generalizations
Level 300: Understands complicated information
Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- Average reading scores have not improved among students ages 9, 13, or 17 since 1980.
- On average, students at ages 13 and 17 whose parents have completed more years of school have higher reading and mathematics scores than do their peers whose parents have had fewer years of education.[65]
- Girls had higher reading scores than boys at all three ages in 1999. In 1996, boys outperformed girls in mathematics at all three ages, but that gap was no longer significant in 1999. At ages 9 and 13, the differences between boys and girls were not significant for most years between 1980 and 1996.

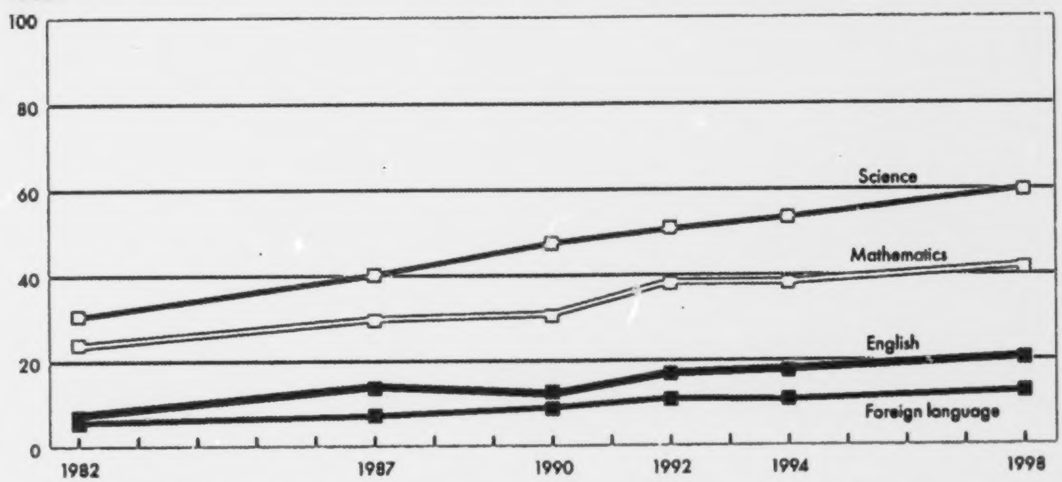
Bullets contain references to data that can be found in Tables ED3.A and ED3.B on pages 104 -105. Endnotes begin on page 58.

High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. The third goal of the National Education Goals calls for all students to leave grades 4, 8, and 12 having demonstrated competency over challenging subject matter "to ensure all students learn to use their minds well so they may be prepared for responsible citizenship, further learning, and productive employment." Research has shown a strong relationship between the level of difficulty of courses students take and their performance on assessments.[66] For both college-bound and non-college-bound students, assessment scores increased more for students taking advanced courses than for students who did not take advanced courses.[66] Studies have also shown that students who take advanced coursework, such as calculus, in high school are more likely to enroll in college and succeed beyond college.[67]

Indicator ED4

Percentage of high school graduates who completed high-level coursework in mathematics, science, English, and foreign language, selected years 1982-98



NOTE: Data are available for 1982, 1987, 1990, 1992, 1994, and 1998. High-level coursework includes: mathematics: courses above Algebra II; science: chemistry, physics or both; English: 50% or more of courses at the honors level; foreign language: 4th-year/advanced placement course. For a detailed listing of courses, see Tables ED4A-ED4D.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond Study, National Longitudinal Study of 1988, and NAEP Transcript Study.

- Forty-one percent of 1998 high school graduates had taken at least one advanced mathematics course, defined as a course above algebra II. This was an increase from the 26 percent of 1982 high school graduates who had taken at least one advanced mathematics course. In addition, the percentage of 1998 high school graduates taking a non- or low academic course as their most advanced course was 9 percent, compared to 24 percent for 1982 graduates.
- In science, more than half (60 percent) of all 1998 high school graduates had taken either physics I or chemistry I or higher courses, nearly doubling the percentage of 1982 graduates who had taken one or both courses (31 percent). In addition, the percentage of students that had taken a physical science course below biology, chemistry, and physics as their most advanced course dropped from 27 percent of 1982 graduates to 9 percent of 1998 graduates.
- Twenty percent of all 1998 high school graduates took the majority of their English courses at the honors level, an increase from 7 percent of 1982 high school graduates. A total of 29 percent of 1998 graduates took a mix of middle and high-level English courses without taking any low-level courses, up from 13 percent in 1982.
- More high school students are taking foreign language courses. In foreign languages, 13 percent of 1998 high school graduates had taken a 4th-year or advanced placement course, compared to 6 percent of 1982 graduates. Nineteen percent of 1998 high school graduates did not take any foreign language course, compared to 46 percent of 1982 high school graduates who did not take any foreign language course.

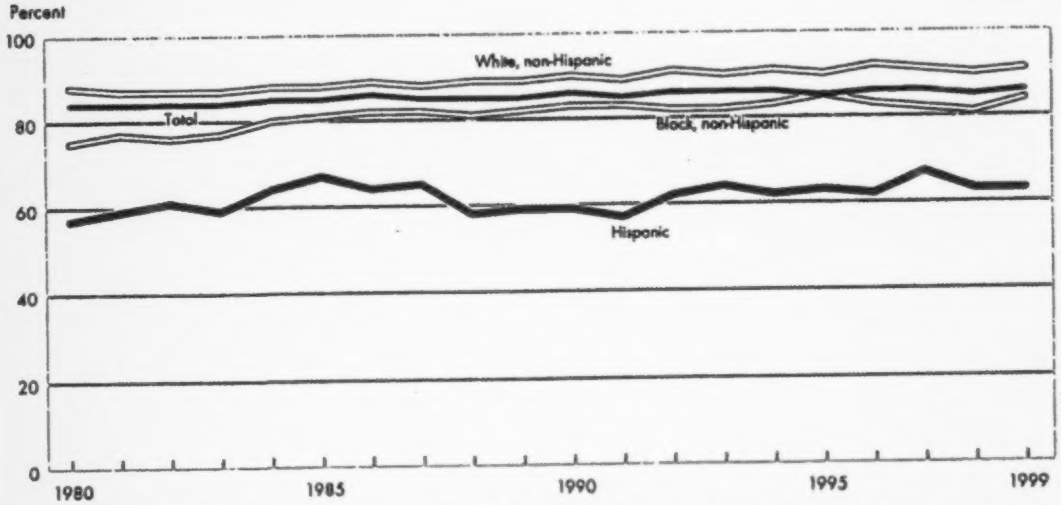
Bullets contain references to data that can be found in Tables ED4.A-ED4.D on pages 106-107. Endnotes begin on page 58.

High School Completion

A high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18 to 24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs as well as higher education.

Indicator ED5

Percentage of adults ages 18 to 24 who have completed high school by race and Hispanic origin, 1980-99



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent.

SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 1999, 86 percent of young adults ages 18 to 24 had completed high school, either with a diploma or an alternative credential such as a General Education Development (GED) test. The high school completion rate has increased slightly since 1980, when it was 84 percent.
- The rate at which black, non-Hispanic youth completed high school increased markedly between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then, and was at 84 percent in 1999. Among white, non-Hispanics, high school completion rates increased slightly, from 88 percent in 1980 to 91 percent in 1999.
- Hispanic youth consistently have had a lower high school completion rate than black, non-Hispanic youth who, in turn, have had consistently lower high school completion rates than white, non-Hispanic youth. Since 1980, the high school completion rate for Hispanic youth has been fluctuating between 57 and 67 percent, and was at 63 percent in 1999.
- Most young adults complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as a GED. Between 1990 and 1999, the diploma rate declined by 4 percentage points, falling from 81 percent to 77 percent. In comparison, the alternative credential rate increased by 5 percentage points, increasing from 4 to 9 percent.[68]

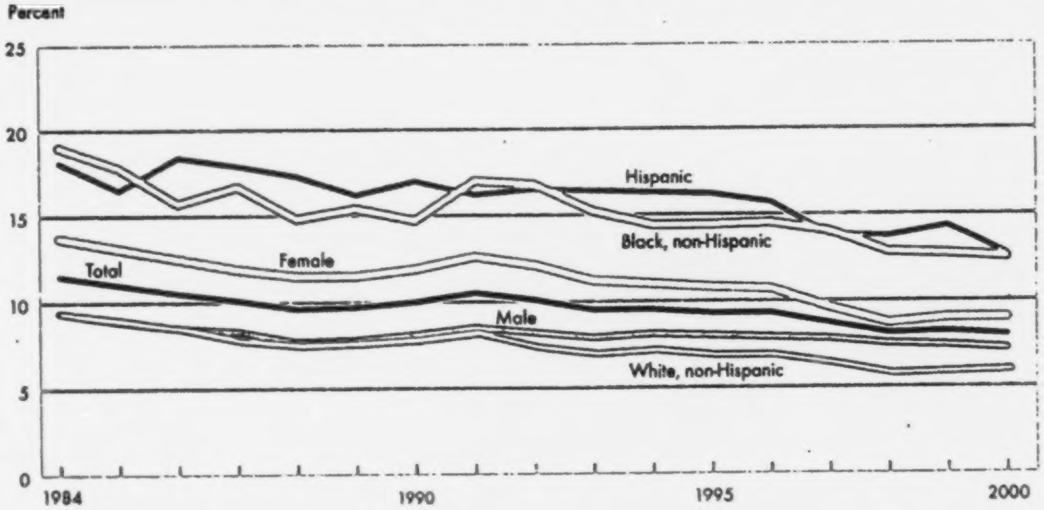
Bullets contain references to data that can be found in Table ED5 on page 108. Endnotes begin on page 58.

Youth Neither Enrolled in School Nor Working

The transition from adolescence to adulthood is a critical period in each individual's life. Youth ages 16 to 19 who are neither in school nor working are detached from both of the core activities that usually occupy teenagers during this period. Detachment from school or the work force, particularly if this situation lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school and/or secured jobs.[69] The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

Indicator ED6

Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, and Hispanic origin, 1984-2000



SOURCE: Bureau of Labor Statistics, Current Population Survey.

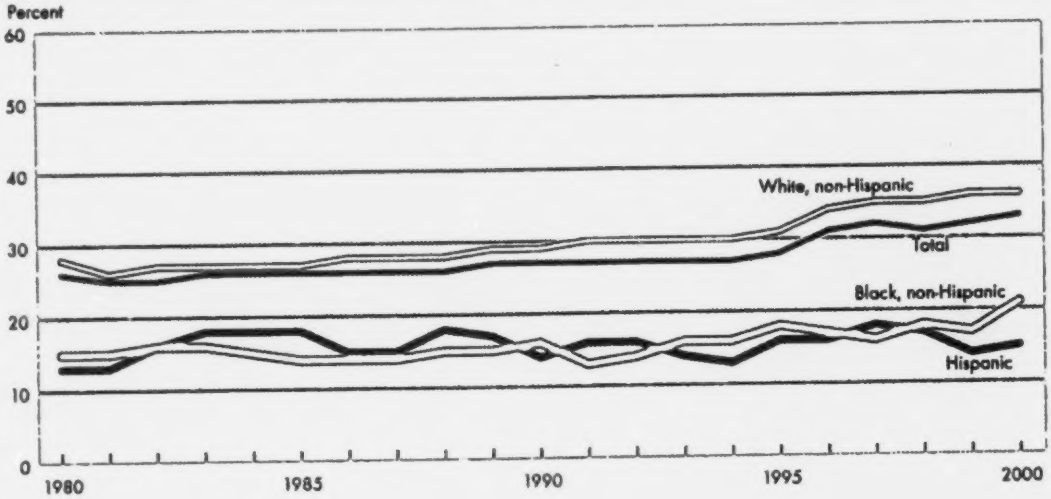
- In 2000, about 8 percent of youth ages 16 to 19 were neither enrolled in school nor working.
- The proportion of youth neither enrolled nor working has been declining since 1991, when it was 11 percent. Most of the decline in the proportion of youth neither enrolled nor working occurred among young women. In 1991, 13 percent of young women were neither in school nor working. By 2000, this proportion had decreased to 9 percent. Nevertheless, young women continue to be more likely to be detached from these activities than young men.
- Black, non-Hispanic and Hispanic youth are considerably more likely to be detached from these activities than white, non-Hispanic youth. In 2000, 13 percent of Hispanic and black, non-Hispanic youth were neither in school nor working, compared with 6 percent of white, non-Hispanic youth.
- The proportion of black, non-Hispanic youth who are neither enrolled in school nor working has decreased from 19 percent in 1984 to 13 percent in 2000. The proportion of Hispanic youth who are neither enrolled in school nor working has also decreased, from 18 percent in 1984 to 13 percent in 2000.
- Older youth, ages 18 to 19, are three times as likely to be detached from these activities as youth ages 16 to 17. In 2000, 12 percent of youth ages 18 to 19 were neither enrolled in school nor working compared with 4 percent of youth ages 16 to 17.
- In contrast to the decrease in the percentage of youth who are neither enrolled in school nor working, the percentage of youth who are both enrolled and employed increased during this time period. Between 1984 and 2000 the percentage of youth ages 16 to 19 who are both enrolled and employed increased from 25 to 30 percent.

Bullets contain references to data that can be found in Tables ED6.A and ED6.B on pages 109-110. Endnotes begin on page 58.

Higher Education

Higher education, especially completion of a bachelor's or more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.[70] The percentage of high school graduates who have completed a bachelor's degree is one measure of the percentage of young people who have successfully applied for and persisted through a program of higher education.

Indicator ED7 **Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher by race and Hispanic origin, 1980-2000**



NOTE: Prior to 1992, this indicator was measured as completing 4 or more years of college rather than the actual attainment of a bachelor's degree.

SOURCE: U.S. Census Bureau, March Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

- In 2000, 33 percent of high school graduates ages 25 to 29 had earned a bachelor's or a higher degree.
- This percentage increased slightly between 1980 and 1995, from 26 to 28 percent, then increased 3 percentage points between 1995 and 1996 and increased to 33 percent in 2000.
- White, non-Hispanic high school graduates ages 25 to 29 are more likely than either black, non-Hispanic or Hispanic high school graduates in the same age group to have earned a bachelor's degree. Black, non-Hispanic high school graduates are more likely than their Hispanic counterparts to have earned a bachelor's degree. In 2000, 36 percent of white, non-Hispanic, 21 percent of black, non-Hispanic, and 15 percent of Hispanic high school graduates in this age group had earned a bachelor's degree or higher. In addition, the percentage of black, non-Hispanic high school graduates who earned a bachelor's degree increased from 17 percent in 1999 to 21 percent in 2000.
- In 2000, 10 percent of high school graduates ages 25 to 29 had earned an associate's degree but had not subsequently earned a bachelor's degree.
- Racial and ethnic group differences in rates of enrollment in college are smaller than differences in rates of degree attainment. In 1997, 46 percent of white, non-Hispanic high school graduates ages 18 to 24 were enrolled in college, compared with 39 percent of black, non-Hispanic, and 36 percent of Hispanic high school graduates.[71]

Bullets contain references to data that can be found in Table ED7 on page 111. Endnotes begin on page 58.

Indicator Needed

Education

Regular, periodic data collections are needed of young children's cognitive and socioemotional development.

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data that can be used to monitor specific social, intellectual, and emotional skills of preschoolers over time is needed. One assessment of kindergartners' skills and knowledge was presented as a special feature in *America's Children, 2000.* Another assessment of kindergartners' skills may be available in 2008.

Indicators of Children's Well-Being

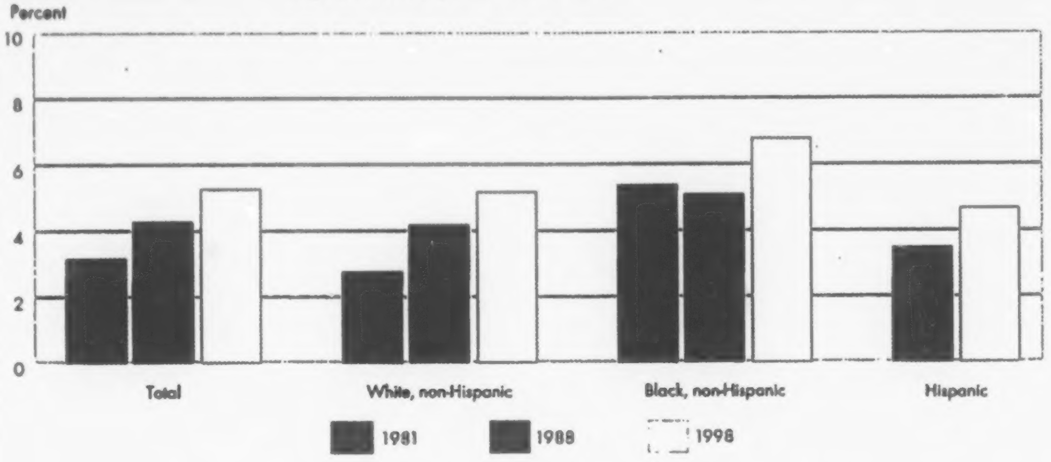
Special Features

Following are two additional measures of child well-being that are not reported annually in *America's Children*.

Asthma

Asthma is the most common chronic childhood illness in the United States[36] and is a leading cause of childhood disability.[72,73] Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and in some cases, premature death. Children with asthma use a disproportionate amount of health care services, including over two times as many emergency room visits and three and a half times as many hospitalizations as children without asthma.[74] The causes of asthma are not fully understood, but it may result from biological components and/or poor environmental conditions. Asthma has been increasing for the past several years, but reasons for the increase are unclear. Some possible explanations include changes in the diagnosis of asthma, variation in the outdoor environment and pollutants, changes in indoor air quality such as parental smoking or airtight homes, changes in access to preventive health care, changes in breastfeeding rates, or changes in socioeconomic status.[75]

Indicator SPECIAL1 **Percentage of children under age 18 who have asthma by race and Hispanic origin, selected years 1981-1998**



NOTE: Data by Hispanic origin were not available in 1981; data for whites and blacks include Hispanics in 1981. For all 3 years, children were categorized as having asthma if the child ever had asthma (1981, 1988), or if they had ever been told by a health professional they had asthma (1998), and if the child had an asthma attack in the last year. Because of these slight differences, data for 1998 are not strictly comparable to previous years.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1998, about 5 percent of children ages 0 to 17 had asthma. This was up from 3 percent in 1981 and 4 percent in 1988.
- Black, non-Hispanic children had higher rates of asthma than other racial or ethnic groups in 1998, at 7 percent. About 5 percent of both white, non-Hispanic and Hispanic children had asthma. Asthma rates have increased for children in each of these groups over time
- As children age, their rates of asthma increase. About 5 percent of children under 5 had asthma, compared with 6 percent of children ages 11 to 17 in 1998.
- Children living below the poverty line are more likely to have asthma than higher-income children. About 7 percent of children below the poverty line had asthma in 1998, compared with 5 percent of children at or above poverty.

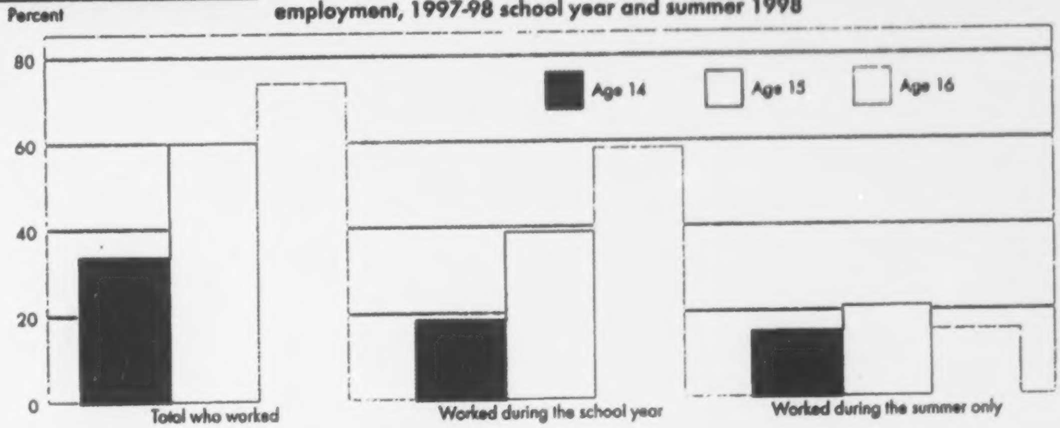
Bullets contain references to data that can be found in Table SPECIAL1 on page 112. Endnotes begin on page 58.

Youth Employment While In School

Whether young people should work during the school term has received considerable attention in recent years. Work experience can potentially provide positive benefits to young people. For example, it may enable them to learn about the world of work and about balancing different responsibilities. This knowledge can assist in their transition from school to work and into adulthood. A goal of the 1994 School-to-Work Opportunities Act is to strengthen the relationship between schooling and work. However, the employment of youth may, in fact, reduce their study time, increase school-absenteeism, and thus adversely affect their academic achievement.[76] As young people age, they are increasingly likely to work during the school year in an employee job, that is, a job in which they have an ongoing relationship with a particular employer, such as a restaurant or supermarket.

Indicator SPECIAL2

Percentage of youth enrolled in school and working in employee jobs by timing of employment, 1997-98 school year and summer 1998



NOTE: Employee jobs are distinct from freelance jobs, which involve doing one or a few tasks without a specific "boss," like babysitting or mowing lawns, or working for oneself.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Longitudinal Survey of Youth 1997.

- Working while in school is prevalent among older high school students. Nearly 60 percent of students who were 16 years old when the 1997-98 school year began worked for an employer at some point during the academic year.
- Working during the academic year is common even among younger students. Eighteen percent of those who were age 14 at the beginning of the 1997-98 school year worked in an employee job at some point during the school year. For those who were age 15 at the beginning of the school year, 39 percent worked at an employee job.
- Even at these relatively young ages, youth enrolled in school begin forming strong, year-round attachments to the formal labor market. Forty-five percent of working youth age 14 worked both during the school year and the following summer, as did 58 percent of working youth age 15, and 70 percent of working youth age 16.
- Among youth age 14, males were much more likely than females to work at an employee job at some point during the school year. By age 16, however, this gender differential disappeared. In addition, working males and females at this age were equally likely to work over 90 percent of school weeks.
- Among students age 14, 22 percent of white, non-Hispanics worked while school was in session, compared with 9 percent of black, non-Hispanics, and 13 percent of Hispanics. Among students age 16, 65 percent of white, non-Hispanics worked during the academic year compared with 45 percent of black, non-Hispanics, and 43 percent of Hispanics.
- As students age from 15 to 16, they are both more likely to work during the school year and to work a higher percentage of school weeks.

Bullets contain references to data that can be found in Tables SPECIAL 2.A and SPECIAL 2.B on pages 113-114. Endnotes begin on page 58.

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Notes to Indicators

[1] Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

[2] The majority of children who live with neither of their parents are living with grandparents or other relatives. Some live with foster parents or other nonrelatives.

[3] National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[4] McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[5] Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., and Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports, 48* (3). Hyattsville, MD: National Center for Health Statistics.

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Appendix A: Detailed Tables

Tables include data from 1980, 1985, and 1990-2000 where available. Data from intervening years are available on the Forum's website at http://childstats.gov.

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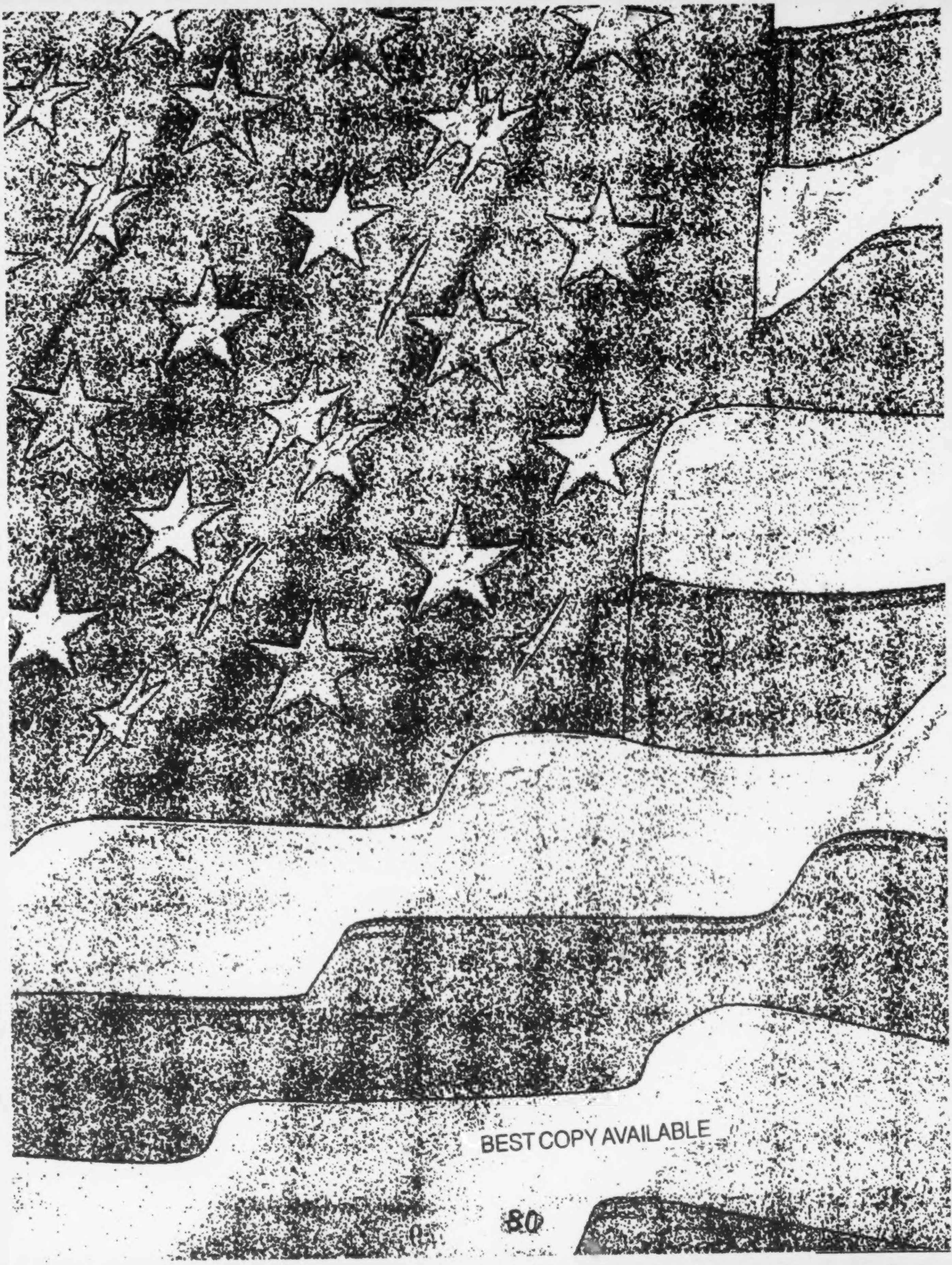

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Table POP1

Child population: Number of children under age 18 in the United States by age, selected years 1950-2000 and projected 2001-20

Number (in millions)						Estimates						Projected	
Age group	**1950**	**1960**	**1970**	**1980**	**1990**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2010**	**2020**
All children	47.3	64.5	69.8	63.7	64.2	68.5	69.1	69.6	69.9	70.2	70.4	72.1	77.2
Age group													
Ages 0-5	19.1	24.3	20.9	19.6	22.5	23.6	23.3	23.1	22.9	22.8	22.8	24.0	26.3
Ages 6-11	15.3	21.8	24.6	20.8	21.6	22.6	23.0	23.4	23.8	24.0	24.1	23.4	25.6
Ages 12-17	12.9	18.4	24.3	23.3	20.1	22.4	22.7	23.1	23.2	23.4	23.5	24.6	25.2

NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts.
SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 estimates tables for 1980-2000 that are available on the Census Bureau website.

Table POP2

Children as a proportion of the population: Persons in selected age groups as a percentage of the total U.S. population, and children under age 18 as a percentage of the dependent population, selected years 1950-2000 and projected 2001-20

						Estimates						Projected	
Age group	**1950**	**1960**	**1970**	**1980**	**1990**	**1995**	**1996**	**1997**	**1998**	**1999**	**2000**	**2010**	**2020**
Percentage of total population													
Ages 0-17	31	36	34	28	26	26	26	26	26	26	26	24	24
Ages 18-64	61	55	56	61	62	61	61	61	61	62	62	63	60
Ages 65+	8	9	10	11	13	13	13	13	13	13	13	13	17
Total, all ages	100	100	100	100	100	100	100	100	100	100	100	100	100
Children under age 18 as a percentage of the dependent population[a]													
Ages 0-17	79	79	78	71	67	67	67	67	67	67	67	64	59

[a] The dependent population includes all persons ages 17 and under, and 65 and over.

NOTE: All population figures for the year 2000 shown here are based on the 1990 Census; they do not reflect Census 2000 counts.
SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 estimates tables for 2000 that are available on the Census Bureau website.

Table POP3

Racial and ethnic composition: Percentage of U.S. children under age 18 by race and Hispanic origin, selected years 1980-2000 and projected 2001-20

				Estimates						Projected	
Race and Hispanic origin	1980	1985	1990	1995	1996	1997	1998	1999	2000	2010	2020
White, non-Hispanic	74	72	69	67	66	66	65	65	64	59	55
Black, non-Hispanic	15	15	15	15	15	15	15	15	15	14	14
Hispanic[a]	9	10	12	14	14	15	15	16	16	21	23
Asian/Pacific Islander[b]	2	3	3	4	4	4	4	4	4	5	6
American Indian/ Alaska Native[b]	1	1	1	1	1	1	1	1	1	1	1

[a] Persons of Hispanic origin may be of any race.

[b] Excludes persons in this race group who are of Hispanic origin.

NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts.
SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); *Methodology and assumptions for the population projections of the United States: 1999 to 2100* (Population Division Working Paper No. 38); and unpublished vintage 1999 tables for 1980-2000 that are available on the Census Bureau website.

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Table POP4

Difficulty speaking English: Children ages 5 to 17 who speak a language other than English at home, and who are reported to have difficulty speaking English[a] by race, Hispanic origin, and region, selected years 1979-99

Characteristic	1979	1989	1992	1995[b]	1999[b]
Children who speak another language at home					
Number (in millions)	3.8	5.3	6.4	6.7	8.8
Percentage	8.5	12.6	14.2	14.1	16.7
Race and Hispanic origin					
White, non-Hispanic	3.2	3.5	3.7	3.6	3.9
Black, non-Hispanic	1.3	2.4	4.2	3.0	4.5
Hispanic[c]	75.1	71.2	76.6	73.9	70.9
Other, non-Hispanic[d]	44.1	53.4	58.3	45.5	51.0
Region[e]					
Northeast	10.5	13.5	16.2	15.1	17.7
Midwest	3.7	4.9	5.6	5.9	7.5
South	6.8	10.7	11.1	11.7	14.3
West	17.0	24.2	27.2	26.4	28.8
Children who speak another language at home and have difficulty speaking English					
Number (in millions)	1.3	1.9	2.2	2.4	2.6
Percentage	2.8	4.4	4.9	5.1	5.0
Race and Hispanic origin					
White, non-Hispanic	0.5	0.8	0.6	0.7	1.0
Black, non-Hispanic	0.3	0.5	1.3	0.9	1.0
Hispanic[c]	28.7	27.4	29.9	31.0	23.4
Other, non-Hispanic[d]	19.8	20.4	21.0	14.1	11.7
Region[e]					
Northeast	2.9	4.8	5.3	5.0	4.4
Midwest	1.1	1.3	1.6	2.3	2.0
South	2.2	3.8	3.5	3.4	3.6
West	6.5	8.8	10.4	11.4	10.5

[a] Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of the children in the 1980s.

[b] Numbers in 1995 and after may reflect changes in the Current Population Survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] Persons of Hispanic origin may be of any race.

[d] Most in this category are Asians/Pacific Islanders, but American Indian/Alaska Native children also are included.

[e] Regions: Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

NOTE: All nonresponses to the language questions are excluded from the tabulations, except in 1999. In 1999, imputations were instituted for non-response on the language items.

SOURCE: U.S. Census Bureau, October (1992, 1995 and 1999) and November (1979 and 1989) Current Population Surveys. Tabulated by the National Center for Education Statistics.

Table POP5.A

Family structure and children's living arrangements: Percentage of children under age 18 by presence of parents in household, race, and Hispanic origin, selected years 1980-2000

Race, Hispanic origin, and family type	1980	1985	1990	1995	1996	1997	1998	1999	2000
Total									
Two parents[a]	77	74	73	69	68	68	68	68	69
Mother only[b]	18	21	22	23	24	24	23	23	22
Father only[b]	2	2	3	4	4	4	4	4	4
No parent	4	3	3	4	4	4	4	4	4
White, non-Hispanic									
Two parents[a]	-	-	81	78	77	77	76	77	77
Mother only[b]	-	-	15	16	16	17	16	16	16
Father only[b]	-	-	3	3	4	4	5	4	4
No parent	-	-	2	3	3	3	3	3	3
Black									
Two parents[a]	42	39	38	33	33	35	36	35	38
Mother only[b]	44	51	51	52	53	52	51	52	49
Father only[b]	2	3	4	4	4	5	4	4	4
No parent	12	7	8	11	9	8	9	10	9
Hispanic[c]									
Two parents[a]	75	68	67	63	62	64	64	63	65
Mother only[b]	20	27	27	28	29	27	27	27	25
Father only[b]	2	2	3	4	4	4	4	5	4
No parent	3	3	3	4	5	5	5	5	5

- = not available

[a] Excludes families where parents are not living as a married couple.

[b] Because of data limitations, includes some families where both parents are present in the household, but living as unmarried partners.

[c] Persons of Hispanic origin may be of any race.

NOTE: Family structure refers to the presence of biological, adoptive, and stepparents in the child's household. Thus, a child with a biological mother and stepfather living in the household is said to have two parents.

SOURCE: U.S. Census Bureau, Marital status and living arrangements, *Current Population Reports*, annual reports. (Beginning in 1995, detailed tables are available on the Census Bureau website at http://www.census.gov/population/www/socdemo/ms-la.html.)

Table POP5.B

Family structure and children's living arrangements: Percentage of children under age 18 living in various family arrangements by race and Hispanic origin, 1996

Characteristic	Total	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Hispanic
Total children ages 0 to 17					
Number (in thousands)	**71,494**	**46,657**	**11,033**	**3,377**	**10,428**
Living with two parents	**70.9**	**79.0**	**36.9**	**78.8**	**68.2**
Two bio./adopt. married	62.4	70.1	29.9	72.7	58.7
Two bio./adopt. cohab.	1.8	1.4	1.8	1.5	4.2
Bio./adopt. parent and step. married	6.4	7.3	4.9	4.6	4.8
Bio./adopt. parent and step. cohab.[a]	0.3	0.2	0.3	0.1	0.4
Living with a single parent	**25.4**	**18.5**	**54.9**	**18.0**	**27.5**
Single mother	20.6	13.4	50.2	14.6	23.4
Single mother with partner	2.1	2.0	2.3	1.6	2.2
Single father	2.1	2.4	1.7	1.3	1.3
Single father with partner	0.4	0.4	0.3	0.2	0.4
Single stepparent	0.2	0.2	0.3	0.3	0.1
Single stepparent with partner	–	–	–	–	–
Living with no parents	**3.7**	**2.5**	**8.2**	**3.2**	**4.3**
Grandparent	1.8	1.1	5.1	1.7	1.4
Other relatives only – no grandparent	0.8	0.4	1.6	0.9	1.3
Nonrelative only – not foster parent(s)	0.4	0.4	0.4	0.1	0.3
Other relatives and nonrelatives	0.3	0.2	0.3	0.4	0.3
Foster parent(s)	0.4	0.3	0.7	0.1	0.7
Own household or partner of householder	0.1	0.1	0.1	–	0.2
Children ages 0 to 4					
Number (in thousands)	**19,960**	**12,759**	**3,073**	**871**	**3,257**
Living with two parents	**74.3**	**84.3**	**35.5**	**81.7**	**70.0**
Two bio./adopt. married	68.4	79.0	30.3	76.6	60.5
Two bio./adopt. cohab.	4.1	3.4	3.5	4.4	7.3
Bio./adopt. parent and step. married	1.8	1.7	1.8	0.8	2.1
Bio./adopt. parent and step. cohab.[a]	0.1	0.1	–	–	0.1
Living with a single parent	**23.0**	**14.1**	**58.1**	**17.6**	**26.4**
Single mother	20.1	11.3	55.7	14.8	22.3
Single mother with partner	1.5	1.4	1.1	1.0	2.4
Single father	0.9	1.0	0.8	1.0	0.6
Single father with partner	0.3	0.2	0.3	–	0.8
Single stepparent	0.2	0.1	0.2	0.7	0.2
Single stepparent with partner	–	–	–	–	–
Living with no parents	**2.6**	**1.6**	**6.4**	**0.6**	**3.6**
Grandparent	1.5	0.9	4.5	0.6	1.4
Other relatives only – no grandparent	0.4	0.3	0.8	–	0.5
Nonrelative only – not foster parent(s)	0.2	0.3	0.2	–	0.2
Other relatives and nonrelatives	0.1	0.1	0.1	–	0.4
Foster parent(s)	0.4	0.1	0.8	–	1.1
Own household or partner of householder	–	–	–	–	–

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Table POPS.B (cont.)

Characteristic	Total	White, non-Hispanic	Black, non-Hispanic	Other, non-Hispanic	Hispanic
Children ages 5 to 14					
Number (in thousands)	**39,906**	**26,089**	**6,141**	**1,938**	**5,738**
Living with two parents	**70.5**	**77.9**	**37.4**	**78.8**	**69.7**
Two bio./adopt. married	61.7	68.6	29.9	73.0	60.2
Two bio./adopt. cohab.	1.2	0.7	1.4	0.6	3.1
Bio./adopt. parent and step. married	7.3	8.3	5.5	5.1	5.7
Bio./adopt. parent and step. cohab.[a]	0.3	0.2	0.5	0.2	0.6
Living with a single parent	**25.9**	**19.7**	**53.8**	**17.9**	**27.0**
Single mother	20.6	14.0	48.1	14.8	23.1
Single mother with partner	2.4	2.3	2.8	1.9	2.2
Single father	2.4	2.8	2.1	0.9	1.4
Single father with partner	0.4	0.4	0.4	0.3	0.2
Single stepparent	0.2	0.2	0.4	0.1	0.1
Single stepparent with partner	–	–	–	–	–
Living with no parents	**3.6**	**2.4**	**8.9**	**3.3**	**3.3**
Grandparent	1.8	1.1	5.5	2.0	1.2
Other relatives only – no grandparent	0.7	0.3	1.8	1.0	1.2
Nonrelative only – not foster parent(s)	0.3	0.3	0.4	–	0.2
Other relatives and nonrelatives	0.3	0.3	0.3	0.2	0.1
Foster parent(s)	0.5	0.4	0.8	0.1	0.6
Own household or partner of householder	–	–	–	–	–
Children ages 15 to 17					
Number (in thousands)	**11,628**	**7,809**	**1,818**	**569**	**1,433**
Living with two parents	**66.3**	**73.9**	**37.9**	**74.0**	**58.3**
Two bio./adopt. married	54.5	60.7	29.3	65.4	48.7
Two bio./adopt. cohab.	0.4	0.2	0.2	–	1.6
Bio./adopt. parent and step. married	11.2	12.7	8.1	8.6	7.5
Bio./adopt. parent and step. cohab.[a]	0.2	0.2	0.3	–	0.5
Living with a single parent	**27.7**	**21.6**	**53.0**	**19.3**	**32.1**
Single mother	21.6	15.1	47.9	13.9	27.1
Single mother with partner	2.1	2.0	2.4	1.6	1.9
Single father	3.2	3.6	2.0	3.2	2.5
Single father with partner	0.6	0.7	0.2	0.4	0.5
Single stepparent	0.2	0.2	0.3	0.4	0.3
Single stepparent with partner	–	–	0.2	–	–
Living with no parents	**6.0**	**4.5**	**9.2**	**6.9**	**9.7**
Grandparent	2.0	1.3	4.8	2.5	2.2
Other relatives only – no grandparent	1.5	0.9	2.3	2.1	3.8
Nonrelative only – not foster parent(s)	0.9	1.0	1.0	0.4	0.6
Other relatives and nonrelatives	0.4	0.3	0.4	1.6	0.9
Foster parent(s)	0.4	0.5	0.3	0.4	0.5
Own household or partner of householder	0.6	0.5	0.4	–	1.8

– represents zero

[a] Includes families where divorce and subsequent cohabitation occurred or families where long-term partners are regarded as stepparents.

NOTE: Two bio./adopt. married represents children living with two biological or adoptive married parents. Two bio./adopt. cohab. represents children living with two biological or adoptive cohabiting parents. Bio./adopt. parent and step. married represents children living with one biological or adoptive parent and one stepparent who are married. Bio./adopt. parent and step. cohab. represents children living with one biological or adoptive parent and one stepparent who are cohabitating.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Table POP6.A **Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980-99**

(Live births to unmarried women per 1,000 in specific age group)

Age of mother	1980	1985	1990	1995	1996	1997	1998	1999
Total ages 15-44	29.4	32.8	43.8	45.1	44.8	44.0	44.3	44.4
Age group								
Ages 15-17	20.6	22.4	29.6	30.5	29.0	28.2	27.0	25.5
Ages 18-19	39.0	45.9	60.7	67.6	65.9	65.2	64.5	63.3
Ages 20-24	40.9	46.5	65.1	70.3	70.7	71.0	72.3	72.9
Ages 25-29	34.0	39.9	56.0	56.1	56.8	56.2	58.4	60.2
Ages 30-34	21.1	25.2	37.6	39.6	41.1	39.0	39.1	39.3
Ages 35-39	9.7	11.6	17.3	19.5	20.1	19.0	19.0	19.3
Ages 40-44	2.6	2.5	3.6	4.7	4.8	4.6	4.6	4.6

NOTE: Nonmarital birth rates for 1989-93 are somewhat understated because births to unmarried women were substantially underreported in Michigan and Texas; data since 1994 have been reported on a complete basis. Thus, the overall increase in nonmarital birth rates between 1980 and 1994 is accurately recorded here. However, the rates for 1989-93, if computed on the basis of complete data, would have been higher than the rates shown here, and the peak years for the rates would have occurred in the early 1990s rather than in 1994. Ventura, S.J., Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports 48* (16). Hyattsville, MD: National Center for Health Statistics.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports 48* (16). Hyattsville, MD: National Center for Health Statistics.

Table POP6.B **Births to unmarried women: Percentage of all births that are to unmarried women by age of mother, selected years 1980-99**

Age of mother	1980	1985	1990	1995	1996	1997	1998	1999
All ages	18.4	22.0	28.0	32.2	32.4	32.4	32.8	33.0
Age group								
Under age 15	88.7	91.8	91.6	93.5	93.8	95.7	96.6	96.5
Ages 15-17	61.5	70.9	77.7	83.7	84.4	86.7	87.5	87.7
Ages 18-19	39.8	50.7	61.3	69.8	70.8	72.5	73.6	74.0
Ages 20-24	19.3	26.3	36.9	44.7	45.6	46.6	47.7	48.5
Ages 25-29	9.0	12.7	18.0	21.5	22.0	22.0	22.5	22.9
Ages 30-34	7.4	9.7	13.3	14.7	14.8	14.1	14.0	14.0
Ages 35-39	9.4	11.2	13.9	15.7	15.7	14.6	14.4	14.4
Ages 40 and older	12.1	14.0	17.0	18.1	18.4	17.1	16.7	16.5

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics, Series 21* (53). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J., Bachrach, C.A. (2000). Nonmarital Childbearing in the United States, 1940-99. *National Vital Statistics Reports 48* (16). Hyattsville, MD: National Center for Health Statistics.

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Table POP7

Child care: Percentage of children by type of care arrangement for children from birth through third grade by child and family characteristics, 1995 and 1999

Characteristic	Parental care only		Type of nonparental care arrangement							
			Total in nonparental care[b]		Care in a home[a]				Center-based program[c]	
					By a relative		By a nonrelative			
	1995	1999	1995	1999	1995	1999	1995	1999	1995	1999
Total	49	46	51	54	20	22	15	14	23	27
Age/grade in school										
Ages 0-2	51	49	50	51	23	24	19	17	12	16
Ages 3-6, not yet in kindergarten	26	23	74	77	19	23	17	16	55	60
Kindergarten	56	52	44	48	18	20	14	13	16	22
1st-3rd grade	62	57	38	43	18	21	10	9	13	18
Race and Hispanic origin										
White, non-Hispanic	49	48	51	53	17	19	17	16	24	28
Black, non-Hispanic	40	34	60	66	31	33	10	11	27	35
Hispanic[d]	58	52	42	48	23	24	10	11	13	19
Other	49	43	51	57	22	29	11	11	25	28
Poverty status										
Below poverty	56	50	44	50	23	27	9	10	18	22
At or above poverty	46	45	54	55	19	21	17	15	25	29
Mother's highest level of education[e]										
Less than high school graduate	67	59	33	41	18	21	6	9	13	16
High school graduate/GED	51	49	49	51	22	27	13	11	19	23
Vocational/technical or some college	44	43	56	57	22	23	17	16	25	29
College graduate	40	43	60	57	14	15	22	17	34	35
Mother's employment status[e]										
35 hours or more per week	22	22	78	78	32	33	25	22	33	37
Less than 35 hours per week	42	45	58	55	25	25	19	17	24	26
Looking for work	64	62	36	38	15	19	4	5	20	21
Not in the labor force	76	75	24	25	7	7	4	4	15	17

[a] Relative and nonrelative care can take place in either the child's own home or another home.

[b] Some children participate in more than one type of nonparental care arrangement. Thus, details do not sum to the total percentage of children in nonparental care.

[c] Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

[d] Persons of Hispanic origin may be of any race.

[e] Children without a mother in the home are excluded from estimates of mother's highest level of education and mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table POP8

Children's environments: Percentage of children under age 18 living in areas that do not meet at least one of the Primary National Ambient Air Quality Standards, 1990-98

	1990	1991	1992	1993	1994	1995	1996	1997	1998
One or more standards	28.0	31.9	20.9	24.3	23.6	30.9	19.9	21.9	23.2
Pollutant									
Ozone	22.6	25.1	16.9	21.0	19.0	27.7	16.4	18.5	20.7
Carbon monoxide	9.5	8.5	6.2	5.1	6.6	5.0	5.7	3.8	4.3
Particulate matter	8.0	6.3	9.6	2.7	2.3	10.0	1.5	2.4	2.0
Lead	2.2	6.0	1.8	2.1	1.7	1.8	1.6	1.4	1.6
Nitrogen dioxide	3.7	3.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Sulfur dioxide	0.5	2.1	0.1	0.5	0.1	0.1	0.1	0.1	0.1

NOTE: Percentages are based on the number of children living in counties not meeting a national ambient air quality standard, divided by the total population.

For more information on the emissions standards that are used in calculating these percentages, please see the following report: Office of Air Quality Planning and Standards. (2000). *National air quality and emissions trends report, 1998.* Research Triangle Park, NC: U.S. Environmental Protection Agency.

The standards can also be found at http://www.epa.gov/oar/aqtrnd98/chapter2.pdf.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

Table ECON1.A

Child poverty: Percentage of related children[a] under age 18 living below selected poverty levels by age, family structure, race, and Hispanic origin, selected years 1980-99

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
Under 100 percent of poverty								
Children in all families								
Related children	18	20	20	20	20	19	18	16
White, non-Hispanic	–	–	12	11	10	11	10	9
Black	42	43	44	42	40	37	36	33
Hispanic[b]	33	40	38	39	40	36	34	30
Related children under age 6	20	23	23	24	23	22	21	18
Related children ages 6-17	17	19	18	18	18	18	17	16
Children in married-couple families								
Related children	–	–	10	10	10	10	9	8
White, non-Hispanic	–	–	7	6	5	5	5	5
Black	–	–	18	13	14	13	12	11
Hispanic[b]	–	–	27	28	29	26	23	22
Related children under age 6	–	–	12	11	12	11	10	9
Related children ages 6-17	–	–	10	9	9	9	9	8
Children in female-householder families, no husband present								
Related children	51	54	53	50	49	49	46	42
White, non-Hispanic	–	–	40	34	35	37	33	29
Black	65	67	65	62	58	55	55	52
Hispanic[b]	65	72	68	66	67	63	60	52
Related children under age 6	65	66	66	62	59	59	55	50
Related children ages 6-17	46	48	47	45	45	45	42	38
All children[c]	18	21	21	21	21	20	19	17
Under 50 percent of poverty								
Children in all families								
Related children	7	8	8	8	8	8	8	6
White, non-Hispanic	–	–	4	3	4	4	4	3
Black	17	22	22	20	20	20	17	15
Hispanic[b]	–	–	14	16	14	16	13	11
Under 150 percent of poverty								
Children in all families								
Related children	29	32	31	32	31	30	29	28
White, non-Hispanic	–	–	21	19	19	19	18	17
Black	57	59	57	56	56	51	52	48
Hispanic[b]	–	–	55	59	57	56	52	49

– = not available.

[a] Related children include biological children, adopted children, and stepchildren of the householder and all other children in the household related to the householder (or reference person) by blood, adoption, or marriage (except the householder or spouse).

[b] Persons of Hispanic origin may be of any race.

[c] Includes children not related to the householder.

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index (CPI) level. The average poverty threshold for a family of four was $17,029 in 1999. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P-60, No. 210.

SOURCE: U.S. Census Bureau, March Current Population Survey, *Current Population Reports*, Consumer income, Series P-60, various years.

Table ECON1.B

Income distribution: Percentage of related children under age 18 by family income relative to the poverty line, selected years 1980-99

Poverty level	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Extreme poverty	6.6	8.1	8.3	9.3	9.9	9.6	9.4	7.9	8.4	8.5	7.6	6.4
Below poverty, but above extreme poverty	11.3	12.0	11.6	11.8	11.7	12.4	11.9	12.2	11.4	10.8	10.7	10.0
Low income	24.0	22.8	21.8	22.2	22.0	22.2	22.0	22.5	22.7	21.4	21.2	21.7
Medium income	41.4	37.7	37.0	35.7	34.9	33.4	33.7	34.5	34.0	34.4	33.5	33.0
High income	16.8	19.4	21.3	21.0	21.5	22.3	23.1	22.8	23.5	25.0	27.0	29.0
Very high income	4.3	6.1	7.4	7.0	7.3	8.4	9.1	8.9	9.2	10.1	11.2	12.4

NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,515 for a family of four in 1999). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,515 and $17,028 for a family of four in 1999). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $17,029 and $34,057 for a family of four in 1999). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $34,058 and $68,115 for a family of four in 1999). High income is 400 percent of the poverty threshold or more.(i.e., $68,116 or more for a family of four in 1999). Very high income is 600 percent of the poverty threshold and over. (i.e., $102,174 or more for a family of four in 1999). [These income categories are similar to those used in the *Economic report of the President* (1998). A similar approach is found in Hernandez, Donald J. (1993), *America's children: Resources from family, government, and the economy.* New York: Russell Sage Foundation for the National Committee for research on the 1980 census, except that Hernandez uses the relationship to median income to define his categories. The medium and high income categories are similar for either method.]

SOURCE: U.S. Census Bureau, March Current Population Survey.

The Measurement of Poverty

The measurement of poverty used in this report is the official poverty measure used by the Census Bureau. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council[1] recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

> **Defining income:** On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income tax credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.
>
> **Setting a threshold:** Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, and shelter, not food consumption alone. Second, thresholds should reflect regional variations in housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

A recent Census Bureau report[2] used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. These estimates produced increases in child poverty from 1990 to 1993 similar to, and decreases in poverty from 1993 to 1997 somewhat larger than, those under the official measure. These changes reflect the fact that the new measure more completely accounts for in-kind transfers, such as food stamps and housing benefits, and for work-related expenditures. As a result, the new measure tends to decrease the relative poverty rate of children who are more likely to live in families that receive in-kind transfers, and to increase the relative poverty rate of children living with employed low-income persons with higher work-related expenses.

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[1] Citro, C.F., and Michael, R.T. (Eds.). (1995). *Measuring poverty: A new approach.* Washington, DC: National Academy Press.

[2] U.S. Census Bureau. (1999). Experimental poverty measures: 1990-1997. *Current Population Reports,* Series P-60-205.

Table ECON2 **Secure parental employment: Percentage of children under age 18 living with at least one parent employed full time[a] all year by family structure, race, Hispanic origin, poverty status, and age, selected years 1980-99**

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
All children living with parent(s)[b]								
Total	70	70	72	74	75	76	77	79
Race and Hispanic origin								
White, non-Hispanic	75	77	79	81	82	82	84	84
Black, non-Hispanic	50	48	50	54	56	58	58	64
Hispanic[c]	59	55	60	61	64	67	68	71
Poverty status								
Below poverty	21	20	22	25	25	26	31	31
At or above poverty	81	82	85	86	87	88	87	88
Age								
Children under 6	67	67	68	69	71	72	74	76
Children ages 6-17	72	72	74	76	77	78	79	80
Children living in families maintained by two parents								
Total	80	81	85	87	88	88	89	90
Race and Hispanic origin								
White, non-Hispanic	81	83	86	89	90	91	91	91
Black, non-Hispanic	73	76	84	85	87	85	86	88
Hispanic[c]	71	70	74	77	79	80	82	83
Poverty status								
Below poverty	38	37	44	46	48	48	56	52
At or above poverty	84	87	89	91	92	92	92	93
Age								
Children under 6	76	79	83	86	87	87	88	89
Children ages 6-17	81	82	85	87	88	89	89	90
With both parents working full time all year	17	20	25	28	30	31	31	32
Children living in families maintained by single mothers[d]								
Total	33	32	33	38	39	41	44	47
Race and Hispanic origin								
White, non-Hispanic	39	39	40	46	47	46	52	52
Black, non-Hispanic	28	25	27	33	35	39	39	46
Hispanic[c]	22	22	24	27	27	34	36	39
Poverty status								
Below poverty	7	7	9	14	10	13	17	18
At or above poverty	59	59	60	61	64	66	66	66
Age								
Children under 6	20	20	21	24	27	28	31	35
Children ages 6-17	38	37	40	45	45	47	50	52

Table ECON2 (cont.)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
Children living in families maintained by single fathers[d]								
Total	57	60	64	67	67	70	70	70
Race and Hispanic origin								
White, non-Hispanic	61	62	68	72	69	72	72	76
Black, non-Hispanic	41	59	53	64	60	67	66	51
Hispanic[c]	53	53	59	58	66	68	69	65
Poverty status								
Below poverty	15	23	21	24	30	29	34	28
At or above poverty	68	69	74	79	77	80	79	79
Age								
Children under 6	48	57	58	54	61	62	65	66
Children ages 6-17	59	62	67	74	70	74	72	71

[a] Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

	1980	1985	1990	1995	1996	1997	1998	1999
[b] Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	68,275	68,408	68,814	69,118
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,016	2,137	2,159	2,187

[c] Persons of Hispanic origin may be of any race.

[d] Includes some families where both parents are present in the household, but living as unmarried partners.

SOURCE: U.S. Bureau of Labor Statistics, March Current Population Survey.

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Table ECON3 **Housing problems: Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-99**

Household type	1978	1983	1989	1993	1995	1997	1999
All households with children							
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	37.0	37.5
Percent with							
Any problems	30	33	33	34	36	36	35
Inadequate housing[a]	9	8	9	7	7	7	7
Crowded housing	9	8	7	6	7	7	7
Cost burden greater than 30 percent	15	21	24	26	28	28	28
Cost burden greater than 50 percent	6	11	9	11	12	12	11
Severe problems	8	12	10	11	12	11	11
Very-low-income renter households with children[b]							
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.4	6.2
Percent with							
Any problems	79	83	77	75	77	82	80
Inadequate housing[a]	18	18	18	14	13	16	15
Crowded housing	22	18	17	14	17	17	17
Cost burden greater than 30 percent	59	68	67	67	69	73	70
Cost burden greater than 50 percent	31	38	36	38	38	41	37
Severe problems	33	42	31	33	31	32	29
Rental assistance	23	23	33	33	33	31	31

[a] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

[b] Very-low-income households are those with incomes at or below one-half the median income in a geographic area.

NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, 1997, and 1999 (1978 data based on 1970 Census weights; 1983 and 1989 data on 1980 weights; 1993, 1995, and 1997 data on 1990 weights). Moderate or severe physical problems: See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States in 1999, *Current Housing Reports*, H150/99, U.S. Census Bureau, 2000. Cost burden: Expenditures on housing and utilities are greater than 30 percent of reported income. Rental assistance: Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a federal, state, or local government program pays part of the cost of construction, mortgage, or operating expenses). Severe problems: Cost burden is greater than 50 percent of income or severe physical problems among those not reporting housing assistance. Because of questionnaire changes, 1997 and 1999 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development. (1998). *Rental housing assistance—the crisis continues: The 1997 report to Congress on worst case housing needs.* Washington, DC: U.S. Department of Housing and Urban Development.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

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Table ECON4.A

Food security: Percentage of children under age 18 in households experiencing food insecurity by level of hunger and poverty status, selected years 1995-99

Characteristic	1995	1998	1999
All children			
Food insecure without hunger	13.3	15.0	13.1
Food insecure with moderate or severe hunger	6.1	4.7	3.8
Food insecure with moderate hunger	5.1	4.0	3.3
Food insecure with severe hunger	1.0	0.7	0.5
Below poverty			
Food insecure without hunger	28.7	34.5	32.2
Food insecure with moderate or severe hunger	15.6	14.2	11.8
Food insecure with moderate hunger	12.9	11.8	10.2
Food insecure with severe hunger	2.8	2.4	1.6
At or above poverty			
Food insecure without hunger	8.2	10.3	8.7
Food insecure with moderate or severe hunger	3.0	2.3	1.9
Food insecure with moderate hunger	2.7	1.9	1.6
Food insecure with severe hunger	0.4	0.4	0.3

NOTE: The Food Security Scale, ECON4.A, the percentage of children under age 18 in households experiencing food insecurity with moderate to severe hunger, is based on the food security scale derived from data collected in the Food Security Supplement to the Current Population Survey. The food security scale provides a near-continuous measure of the level of food insecurity and hunger experienced within each household. A categorical measure based on the scale classifies households according to four designated levels of severity of household food insecurity: food secure, food insecure without hunger, food insecure with moderate hunger, and food insecure with severe hunger. Food-secure households do not report a pattern of difficulty obtaining enough or acceptable quality food. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report indicators of hunger. Food-insecure households with moderate hunger report food insecurity and a pattern of indicators of hunger for one or more adults and, in some cases, for children. Food-insecure households with severe hunger report multiple indicators of both adults' and children's hunger. For a detailed explanation of the U.S. Department of Agriculture/Department of Health and Human Services Food Security Measurement scale, see Food and Nutrition Service (1997). *Household food security in the United States in 1995 and 2000. Guide to measuring household food security.* Alexandria, VA: Food and Nutrition Service.

Data for 1996 and 1997 are not strictly comparable with data for 1995, 1998, and 1999 due to methodology differences. In previous reports, data for 1995 were made consistent with 1996 and 1997 data. In this report, the 1996 and 1997 data have been omitted, but the 1995 data are retained because, although screened on a different basis than the revised method adopted in 1998 and 1999, this had little effect on prevalence estimates. The 1996 and 1997 data, however, cannot readily be adjusted to be comparable.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey.

Table ECON4.B

Diet quality: Percentage of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96

Age	1994			1995			1996		
	Good diet[a]	Needs improvement[a]	Poor diet[a]	Good diet[a]	Needs improvement[a]	Poor diet[a]	Good diet[a]	Needs improvement[a]	Poor diet[a]
Ages 2-5	26	63	11	27	68	5	24	68	8
Ages 6-12	13	75	12	11	82	7	12	75	13
Ages 13-18	8	69	23	5[b]	76	19	6	74	20

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.C

Diet quality: Percentage of children ages 2 to 18 by age, poverty status, and diet quality as measured by the Healthy Eating Index, 3-year average 1994-96

Characteristic	Good diet[a]	Needs improvement[a]	Poor diet[a]
Ages 2-5			
At or below poverty	19	70	11
Above poverty	28	65	7
Ages 6-12			
At or below poverty	10	78	12
Above poverty	12	78	10
Ages 13-18			
At or below poverty	3[b]	72	25
Above poverty	7	74	19

[a] A Healthy Eating Index (HEI) score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. See Table ECON4.D for a description of the HEI and average scores by age.

[b] Sample size relatively small to make reliable comparisons.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON4.D

Healthy Eating Index: Overall and component mean scores and percentages for children, 3-year average 1994-96

Component	Ages 2-3	Ages 4-6	Ages 7-10	Ages 11-14		Ages 15-18	
	All	All	All	Females	Males	Females	Males
HEI score							
Overall	73.8	67.8	66.6	63.5	62.2	60.9	60.7
1. Grains	8.3	7.2	7.6	6.7	7.2	6.3	7.5
2. Vegetables	5.9	4.9	5.1	5.5	5.4	5.8	6.3
3. Fruits	7.0	5.3	4.3	3.9	3.5	3.1	2.8
4. Milk	7.2	7.4	7.6	5.2	6.2	4.2	6.1
5. Meat	6.3	5.3	5.5	5.7	6.5	5.8	6.9
6. Total fat	7.4	7.3	7.2	7.2	6.8	7.1	6.8
7. Saturated fat	5.4	5.6	5.7	5.8	5.7	6.6	6.0
8. Cholesterol	9.0	8.9	8.7	8.5	7.6	8.4	6.7
9. Sodium	8.8	8.1	6.8	7.1	5.2	6.9	3.7
10. Variety	8.4	7.9	8.1	7.8	8.1	6.7	7.8
Percentage of children meeting the dietary recommendations for each component							
1. Grains	54	27	31	16	29	17	34
2. Vegetables	31	16	20	24	23	26	35
3. Fruits	53	29	18	14	9	12	11
4. Milk	44	44	49	15	27	12	28
5. Meat	28	14	17	15	28	21	36
6. Total fat	40	38	35	37	33	38	34
7. Saturated fat	27	28	28	31	32	42	35
8. Cholesterol	83	83	80	78	69	77	58
9. Sodium	64	53	34	39	21	37	15
10. Variety	64	53	54	51	58	37	51

NOTE: The Healthy Eating Index examines the diet of American children ages 2 to 18. The Index consists of 10 components, each representing different aspects of a healthful diet.

Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains (bread, cereal, rice, and pasta), vegetables, fruits, milk (milk, yogurt, and cheese), and meat/meat alternatives (meat, poultry, fish, dry beans, eggs, and nuts). Component 6 measures total fat consumption as a percentage of total food energy (calorie) intake. Component 7 measures saturated fat consumption as a percentage of total food energy intake. Components 8 and 9 measure total cholesterol intake and total sodium intake, respectively. Component 10 measures the degree of variety in a person's diet.

Each component of the Index has a maximum score of 10 and a minimum score of 0. Intermediate scores are computed proportionately. High component scores indicate intakes close to recommended ranges or amounts. The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

Table ECON5.A

Access to health care: Percentage of children under age 18 covered by health insurance[a] by type of health insurance, age, race, and Hispanic origin, 1987-99

Characteristic	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
All health insurance													
Total	87	87	87	87	87	87	86	86	86	85	85	85	86
Age													
Ages 0-5	88	87	87	89	89	89	88	86	87	86	86	84	86
Ages 6-11	87	87	87	87	88	88	87	87	87	85	86	85	87
Ages 12-17	86	86	86	85	85	85	83	85	86	84	83	84	86
Race and Hispanic origin													
White, non-Hispanic	90	90	90	90	90	90	89	89	90	89	89	89	91
Black	83	84	84	85	85	86	84	83	85	81	81	80	82
Hispanic[b]	72	71	70	72	73	75	74	72	73	71	71	70	73
Private health insurance													
Total	74	74	74	71	70	69	67	66	66	66	67	68	69
Age													
Ages 0-5	72	71	71	68	66	65	63	60	60	62	63	64	65
Ages 6-11	74	74	75	73	71	71	70	67	67	67	68	68	69
Ages 12-17	75	76	76	73	72	71	69	70	71	70	70	65	72
Race and Hispanic origin													
White, non-Hispanic	83	83	83	81	80	80	78	77	78	78	78	79	80
Black	49	50	52	49	45	46	46	43	44	45	48	47	50
Hispanic[b]	48	48	48	45	43	42	42	38	38	40	42	43	45
Government health insurance[c]													
Total	19	19	19	22	24	25	27	26	26	25	23	23	23
Age													
Ages 0-5	22	23	24	28	30	33	35	33	33	31	29	27	27
Ages 6-11	19	18	18	20	22	23	25	25	26	25	23	23	23
Ages 12-17	16	16	15	18	19	19	20	20	21	19	19	19	19
Race and Hispanic origin													
White, non-Hispanic	12	13	13	15	16	17	19	18	18	18	17	16	16
Black	42	42	41	45	48	49	50	48	49	45	40	42	39
Hispanic[b]	28	27	27	32	37	38	41	38	39	35	34	31	33

[a] Children are considered to be covered by health insurance if they had government or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of government and private is greater than the total.

[b] Persons of Hispanic origin may be of any race.

[c] Government health insurance for children consists mostly of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health care program for members of the armed services and their families.

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the March Current Population Survey.

Table ECON5.B **Usual source of care: Percentage of children under age 18 with no usual source of health care[a] by age, poverty status, and type of health insurance, 1993-98**

Characteristic	1993	1994	1995	1996	1997[b]	1998[b]
Children ages 0-17						
Total	8.0	6.8	6.3	6.3	6.9	6.5
Type of insurance						
Private insurance[c]	3.9	3.4	3.0	3.0	3.3	2.9
Public insurance[c,d]	10.8	6.3	6.6	6.0	5.2	5.8
No insurance	24.3	21.7	22.1	23.2	27.6	28.0
Poverty status						
Below poverty	15.2	11.0	10.4	10.0	12.8	11.6
At or above poverty	5.5	5.4	4.9	5.0	5.4	5.2
Children ages 0-4						
Total	5.2	4.4	4.2	4.2	4.2	4.0
Type of insurance						
Private insurance[c]	1.8	1.7	1.3	1.5	2.0	1.5
Public insurance[c,d]	7.3	4.1	5.0	4.0	3.7	3.4
No insurance	18.6	16.1	17.2	18.7	16.6	20.5
Poverty status						
Below poverty	10.8	6.8	7.4	6.0	7.2	6.9
At or above poverty	3.1	3.5	3.0	3.4	3.0	3.1
Children ages 5-17						
Total	9.2	7.9	7.1	7.2	8.0	7.4
Type of insurance						
Private insurance[c]	4.7	4.0	3.6	3.5	3.8	3.4
Public insurance[c,d]	13.3	7.8	7.8	7.4	6.2	7.3
No insurance	26.2	23.7	23.8	24.6	31.2	30.4
Poverty status						
Below poverty	17.6	13.0	11.8	11.9	15.4	13.8
At or above poverty	6.4	6.2	5.7	5.5	6.3	5.9

[a] Excludes emergency rooms as a usual source of care.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. It does not include children with only Medicare or the Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/CHAMP-VA/Tricare).

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH1 **General health status: Percentage of children under age 18 in very good or excellent health by age and poverty status, selected years 1984-98**

Age and poverty status	1984	1985	1990	1995	1996	1997[a]	1998[a]
Children ages 0-17							
Total	78	79	81	80	81	82	83
Poverty status							
Below poverty	62	64	66	65	66	68	70
At or above poverty	83	84	84	84	85	86	87
Children ages 0-4							
Total	79	80	81	81	81	84	85
Poverty status							
Below poverty	66	69	70	67	69	74	76
At or above poverty	84	85	85	85	85	88	89
Children ages 5-17							
Total	77	78	80	80	81	81	82
Poverty status							
Below poverty	60	62	64	64	65	65	67
At or above poverty	82	83	84	84	85	86	87

[a] In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH2

Activity limitation: Percentage of children under age 18 with any limitation in activity resulting from chronic conditions[a] by age, gender, poverty status, race, and Hispanic origin, selected years 1984-98

Characteristic	1984	1985	1990	1995	1996	1997[b]	1998[b]
Children ages 0-17							
Total	5.1	5.1	4.9	6.0	6.1	6.3	6.0
Gender							
Male	5.9	6.0	5.6	7.4	7.6	7.9	8.0
Female	4.2	4.2	4.2	4.6	4.6	4.7	3.9
Poverty status							
Below poverty	7.0	7.3	6.3	8.6	9.4	8.4	9.0
At or above poverty	4.8	4.8	4.6	5.3	5.2	6.0	5.8
Race and Hispanic origin							
White, non-Hispanic	5.0	5.1	5.0	6.0	5.9	6.7	6.2
Black, non-Hispanic	5.5	5.8	5.5	7.3	8.0	7.5	7.6
Hispanic[c]	4.9	5.1	4.1	5.8	6.4	4.5	4.7
Children ages 0-4							
Total	2.5	2.2	2.2	2.7	2.7	3.3	2.8
Gender							
Male	2.7	2.7	2.6	3.3	3.4	4.0	3.7
Female	2.3	1.6	1.7	2.0	1.8	2.5	1.8
Poverty status							
Below poverty	4.1	2.9	2.9	3.6	5.5	4.4	4.0
At or above poverty	2.1	2.2	2.0	2.4	1.7	2.9	2.5
Race and Hispanic origin							
White, non-Hispanic	2.3	1.8	2.1	2.7	2.0	3.5	2.6
Black, non-Hispanic	3.3	3.2	2.9	3.5	5.1	4.0	3.9
Hispanic[c]	2.5	3.0	2.0	2.5	3.5	2.5	3.0
Children ages 5-17							
Total	6.1	6.3	6.1	7.4	7.4	7.5	7.3
Gender							
Male	7.3	7.4	6.9	9.0	9.2	9.4	9.7
Female	4.9	5.3	5.2	5.6	5.6	5.5	4.8
Poverty status							
Below poverty	8.5	9.2	7.9	11.0	11.2	10.5	11.1
At or above poverty	5.8	5.8	5.6	6.5	6.5	7.2	7.1
Race and Hispanic origin							
White, non-Hispanic	6.1	6.4	6.2	7.2	7.3	7.8	7.5
Black, non-Hispanic	6.5	6.9	6.7	8.9	9.2	8.7	8.9
Hispanic[c]	6.1	6.0	5.1	7.5	7.7	5.5	5.5

[a] Chronic conditions usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not comparable with earlier data. Data for1997 and 1998 are for July-December only. There was an error in data collection in January-June 1998. For both years, data for only the second half of the year are presented so that data for 1997-98 will be comparable.

[c] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table HEALTH3 Childhood immunization: Percentage of children ages 19 to 35 months vaccinated for selected diseases by poverty status, race, and Hispanic origin, selected years 1994-99

	Total					Below poverty					At or above poverty				
Characteristic	1994	1996	1997	1998	1999	1994	1996	1997	1998	1999	1994	1996	1997	1998	1999
Total															
Combined series (4:3:1:3)[a]	69	77	76	79	78	61	69	71	74	73	72	80	79	82	81
Combined series (4:3:1)[b]	75	78	78	81	80	66	71	73	76	75	77	81	80	83	82
DTP (4 doses or more)[c]	76	81	81	84	83	69	73	76	80	79	79	84	84	86	85
Polio (3 doses or more)	83	91	91	91	90	78	88	90	90	87	85	92	92	92	91
Measles-containing[d]	89	91	91	92	92	87	87	86	90	90	90	92	92	93	92
Hib (3 doses or more)[e]	86	92	93	93	94	81	88	90	91	91	88	93	94	95	95
Hepatitis B (3 doses or more)[f]	37	82	84	87	88	25	78	80	85	87	41	83	85	88	89
Varicella[g]	-	12	26	43	58	-	5	17	41	55	-	15	29	44	58
White, non-Hispanic															
Combined series (4:3:1:3)[a]	72	79	79	82	81	-	68	70	77	76	-	81	76	83	82
Combined series (4:3:1)[b]	78	80	80	83	82	-	70	73	79	77	-	82	82	84	83
DTP (4 doses or more)[c]	80	83	84	87	86	-	72	76	82	81	-	85	85	88	86
Polio (3 doses or more)	85	92	92	92	90	-	88	90	91	88	-	93	92	93	91
Measles-containing[d]	90	92	92	93	92	-	86	85	91	90	-	93	93	94	93
Hib (3 doses or more)[e]	87	93	94	95	95	-	87	90	92	93	-	94	95	96	95
Hepatitis B (3 doses or more)[f]	40	82	85	88	89	-	75	80	87	88	-	83	85	88	89
Varicella[g]	-	15	28	42	56	-	6	17	37	51	-	16	29	43	57
Black, non-Hispanic															
Combined series (4:3:1:3)[a]	67	74	73	73	74	-	70	72	72	72	-	78	78	74	77
Combined series (4:3:1)[b]	70	76	74	74	75	-	73	72	74	74	-	80	80	76	78
DTP (4 doses or more)[c]	72	79	78	77	79	-	75	76	77	78	-	82	80	79	83
Polio (3 doses or more)	79	90	90	88	87	-	88	90	88	86	-	92	91	87	88
Measles-containing[d]	86	89	90	89	90	-	88	88	89	90	-	91	92	90	91
Hib (3 doses or more)[e]	85	90	92	90	92	-	87	92	90	91	-	92	94	90	94
Hepatitis B (3 doses or more)[f]	29	82	83	84	87	-	79	82	86	86	-	86	84	83	90
Varicella[g]	-	9	21	42	58		3	16	40	57	-	13	27	44	60
Hispanic[h]															
Combined series (4:3:1:3)[a]	62	71	72	75	75	-	68	71	73	73	-	74	77	79	78
Combined series (4:3:1)[b]	68	73	74	77	77	-	70	72	76	76	-	75	77	80	80
DTP (4 doses or more)[c]	70	77	77	81	80	-	73	75	79	78	-	79	80	83	82
Polio (3 doses or more)	81	89	90	89	89	-	88	89	90	89	-	90	90	90	90
Measles-containing[d]	88	88	88	91	90	-	88	86	91	90	-	89	89	93	91
Hib (3 doses or more)[e]	84	89	90	92	92	-	88	89	92	91	-	90	92	94	95
Hepatitis B (3 doses or more)[f]	33	80	81	86	85	-	79	79	83	87	-	82	84	88	88
Varicella[g]	-	8	22	47	61	-	6	18	44	59	-	11	25	48	62

– = not available

[a] The 4:3:1:3 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, 1 dose of a measles-containing vaccine(MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

[b] The 4:3:1 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, and 1 dose of a measles-containing vaccine (MCV).

[c] Diphtheria and tetanus toxoids and pertussis vaccine.

[d] Respondents were asked about measles-containing vaccine, including MMR (measles-mumps-rubella) vaccines.

[e] *Haemophilus influenzae* type b (Hib) vaccine.

[f] The percentage of children 19 to 35 months of age who received 3 doses of hepatitis B vaccine was low in 1994, because universal infant vaccination with a 3-dose series was not recommended until November 1991.

[g] Recommended in July 1996. Administered on or after the first birthday, unadjusted for history of varicella illness (chicken pox).

[h] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program, National Immunization Survey.

Table HEALTH4 Low birthweight: Percentage of low-birthweight births by detailed race and Hispanic origin, selected years 1980-99

Low birthweight (less than 2,500 grams, about 5.5 pounds)

Race and Hispanic origin	**1980**	**1985**	**1990**	**1995**	**1996**	**1997**	**1998**	**1999**
Total	6.8	6.8	7.0	7.3	7.4	7.5	7.6	7.6
White, non-Hispanic	5.7	5.6	5.6	6.2	6.4	6.5	6.6	6.6
Black, non-Hispanic	12.7	12.6	13.3	13.2	13.1	13.1	13.2	13.2
Hispanic[a]	6.1	6.2	6.1	6.3	6.3	6.4	6.4	6.4
Mexican American	5.6	5.8	5.5	5.8	5.9	6.0	6.0	5.9
Puerto Rican	9.0	8.7	9.0	9.4	9.2	9.4	9.7	9.3
Cuban	5.6	6.0	5.7	6.5	6.5	6.8	6.5	6.8
Central and South American	5.8	5.7	5.8	6.2	6.0	6.3	6.5	6.4
Other and unknown Hispanic	7.0	6.8	6.9	7.5	7.7	7.9	7.6	7.6
Asian/Pacific Islander	6.7	6.2	6.5	6.9	7.1	7.2	7.4	7.4
Chinese	5.2	5.0	4.7	5.3	5.0	5.1	5.3	5.2
Japanese	6.6	6.2	6.2	7.3	7.3	6.8	7.5	7.9
Filipino	7.4	6.9	7.3	7.8	7.9	8.3	8.2	8.3
Hawaiian and part Hawaiian	7.2	6.5	7.2	6.8	6.8	7.2	7.2	7.7
Other Asian/Pacific Islander	6.8	6.2	6.6	7.1	7.4	7.5	7.8	7.8
American Indian/Alaska Native	6.4	5.9	6.1	6.6	6.5	6.8	6.8	7.1

Very low birthweight (less than 1,500 grams, about 3.25 pounds)

Race and Hispanic origin	**1980**	**1985**	**1990**	**1995**	**1996**	**1997**	**1998**	**1999**
Total	1.15	1.21	1.27	1.35	1.37	1.42	1.45	1.45
White, non-Hispanic	0.86	0.90	0.93	1.04	1.08	1.12	1.15	1.15
Black, non-Hispanic	2.46	2.66	2.93	2.98	3.02	3.05	3.11	3.18
Hispanic[a]	0.98	1.01	1.03	1.11	1.12	1.13	1.15	1.14
Mexican American	0.92	0.97	0.92	1.01	1.01	1.02	1.02	1.04
Puerto Rican	1.29	1.30	1.62	1.79	1.70	1.85	1.86	1.86
Cuban	1.02	1.18	1.20	1.19	1.35	1.36	1.33	1.49
Central and South American	0.99	1.01	1.05	1.13	1.14	1.17	1.23	1.15
Other and unknown Hispanic	1.01	0.96	1.09	1.28	1.48	1.35	1.38	1.32
Asian/Pacific Islander	0.92	0.85	0.87	0.91	0.99	1.05	1.10	1.08
Chinese	0.66	0.57	0.51	0.67	0.64	0.74	0.75	0.68
Japanese	0.94	0.84	0.73	0.87	0.81	0.78	0.84	0.86
Filipino	0.99	0.86	1.05	1.13	1.20	1.29	1.35	1.41
Hawaiian and part Hawaiian	1.05	1.03	0.97	0.94	0.97	1.41	1.53	1.41
Other Asian/Pacific Islander	0.96	0.91	0.92	0.91	1.04	1.07	1.12	1.09
American Indian/Alaska Native	0.92	1.01	1.01	1.10	1.21	1.19	1.24	1.26

[a] Persons of Hispanic origin may be of any race.

NOTE: Excludes live births with unknown birthweight. Low-birthweight infants weigh less than 2,500 grams at birth, about 5.5 pounds. Very-low-birthweight infants weigh less than 1,500 grams, about 3.25 pounds.

Trend data for births to Hispanic and white and black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and all 50 States and DC from 1993 forward. Trend data for births to Asian/Pacific Islander and Hispanic women are also affected by immigration.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Hyattsville, MD: National Center for Health Statistics. Division of Vital Statistics, National Center for Health Statistics, unpublished tabulations.

Table HEALTH5 Infant mortality: Death rates[a] among infants, by detailed race and Hispanic origin of mother, selected years 1983-98

(Infant deaths per 1,000 live births)

Race and Hispanic origin	1983	1984	1985	1986	1987	1988	1989	1990	1991	1995[b]	1996	1997	1998
Total	10.9	10.4	10.4	10.1	9.8	9.6	9.5	8.9	8.6	7.6	7.3	7.2	7.2
White, non-Hispanic	9.2	8.7	8.7	8.4	8.1	8.0	7.8	7.2	7.0	6.3	6.0	6.0	6.0
Black, non-Hispanic	19.1	18.1	18.3	18.0	17.4	18.1	18.0	16.9	16.6	14.7	14.2	13.7	13.9
Hispanic[c,d]	9.5	9.3	8.8	8.4	8.2	8.3	8.1	7.5	7.1	6.3	6.1	6.0	5.8
Mexican American	9.1	8.9	8.5	7.9	8.0	7.9	7.7	7.2	6.9	6.0	5.8	5.8	5.6
Puerto Rican	12.9	12.9	11.1	11.7	9.9	11.6	11.7	9.9	9.7	8.9	8.6	7.9	7.8
Cuban	7.5	8.1	8.5	7.5	7.1	7.2	6.2	7.2	5.2	5.3	5.1	5.5	3.6
Central and South American	8.5	8.3	8.0	7.8	7.8	7.2	7.4	6.8	5.9	5.5	5.0	5.5	5.3
Other and unknown Hispanic	10.6	9.6	9.5	9.2	8.7	9.1	8.4	8.0	8.2	7.4	7.7	6.2	6.5
Asian/Pacific Islander	8.3	8.9	7.8	7.8	7.3	6.8	7.4	6.6	5.8	5.3	5.2	5.0	5.5
Chinese	9.5	7.2	5.8	5.9	6.2	5.5	6.4	4.3	4.6	3.8	3.2	3.1	4.0
Japanese	**	6.4	6.0	7.2	6.6	7.0	6.0	5.5	4.2	5.3	4.2	5.3	3.5
Filipino	8.4	8.5	7.7	7.2	6.6	6.9	8.0	6.0	5.1	5.6	5.8	5.8	6.2
Other Asian/Pacific Islander	8.1	9.4	8.5	8.3	7.6	7.0	7.3	7.4	6.3	5.5	5.7	5.0	5.7
American Indian/Alaska Native	15.2	13.4	13.1	13.9	13.0	12.7	13.4	13.1	11.3	9.0	10.0	8.7	9.3

** = Number too small to calculate a reliable rate.

[a] Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.

[b] Beginning with data for 1995, rates are on a period basis. Earlier rates are on a cohort basis. Race-specific data for 1995-98 are weighted to account for unmatched records.

[c] Persons of Hispanic origin may be of any race.

[d] Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and 50 and DC from 1993 forward.

NOTE: Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992-94.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

Table HEALTH6.A Child mortality: Death rates for children ages 1 to 4 by gender, race, Hispanic origin, and cause of death, selected years 1980-98

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1995	1996	1997	1998
Ages 1-4							
Total[a]	63.9	51.8	46.8	40.6	38.3	35.8	34.6
Gender							
Male	72.6	58.5	52.4	44.8	42.2	39.7	37.6
Female	54.7	44.8	41.0	36.2	34.3	31.8	31.4
Race and Hispanic origin[b]							
White	57.9	46.6	41.1	35.1	32.9	31.6	30.1
White, non-Hispanic[c]	-	45.3	37.6	33.9	32.1	31.1	29.4
Black	97.6	80.7	76.8	70.3	67.6	59.2	61.6
Hispanic[c,d]	-	46.1	43.5	36.7	33.6	31.3	30.4
Asian/Pacific Islander	43.2	40.1	38.6	25.4	25.1	25.1	18.7
Leading causes of death							
Unintentional injuries	25.9	20.2	17.3	14.5	13.8	13.1	12.7
Cancer	4.5	3.8	3.5	3.1	2.7	2.9	2.4
Birth defects	8.0	5.9	6.1	4.4	4.1	3.8	3.7
Homicide	2.5	2.5	2.6	2.9	2.7	2.4	2.6
Heart disease	2.6	2.2	1.9	1.6	1.4	1.4	1.4
Pneumonia/influenza	2.1	1.6	1.2	1.0	1.1	1.2	1.0
Injury-related deaths by cause							
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.4	16.7	15.5	15.4
Motor vehicle traffic related	7.4	5.9	5.3	4.5	4.5	4.3	4.1
Drowning	5.7	4.4	3.9	3.5	3.2	3.1	3.4
Fire and burns	6.1	4.8	4.0	3.1	3.0	2.5	1.9
Firearms	0.7	0.7	0.6	0.6	0.5	0.5	0.5
Suffocation	1.9	1.4	1.3	1.3	1.3	1.1	1.2
Pedestrian (non-traffic)[e]	1.5	1.1	0.9	0.7	0.8	0.7	0.7
Fall	0.9	0.6	0.6	0.3	0.3	0.3	0.3

- = not available

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

[c] Trend data for Hispanics and white, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States with the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96; and complete reporting beginning in 1997. The population data in 1990 and 1991 do not exclude New York City.

[d] Persons of Hispanic origin may be of any race.

[e] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in motor vehicle traffic related.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

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Table HEALTH6.B **Child mortality: Death rates for children ages 5 to 14 by gender, race, Hispanic origin, and cause of death, selected years 1980-98**

(Deaths per 100,000 children in each group)

Characteristic	1980	1985	1990	1995	1996	1997	1998
Ages 5-14							
Total[a]	30.6	26.5	24.0	22.5	21.7	20.8	19.9
Gender							
Male	36.7	31.8	28.5	26.7	25.4	24.0	23.4
Female	24.2	21.0	19.3	18.2	17.8	17.4	16.2
Race and Hispanic origin[b]							
White	29.1	25.0	22.3	20.6	19.9	18.9	18.2
White, non-Hispanic[c]	-	23.1	21.5	20.1	19.3	19.0	18.0
Black	39.0	35.5	34.4	33.4	32.1	31.1	29.4
Hispanic[c,d]	-	19.3	20.0	20.5	20.3	17.2	17.2
Asian/Pacific Islander	24.2	20.8	16.9	16.8	14.3	15.6	15.1
Leading causes of death							
Unintentional injuries	15.0	12.6	10.4	9.3	8.9	8.7	8.3
Cancer	4.3	3.5	3.1	2.7	2.7	2.7	2.6
Birth defects	1.6	1.4	1.5	1.2	1.2	1.2	0.9
Homicide	1.2	1.2	1.3	1.5	1.3	1.2	1.2
Heart disease	0.9	1.0	0.9	0.8	0.9	0.8	0.8
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.4	0.4	0.3
Injury-related deaths by cause							
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.7	11.1	10.7	10.4
Motor vehicle traffic related	7.5	6.6	5.6	5.1	4.9	4.8	4.6
Drowning	2.5	1.8	1.5	1.3	1.2	1.2	1.2
Fire and burns	1.5	1.4	1.0	1.0	0.9	0.8	0.9
Firearms	1.6	1.8	1.9	2.0	1.6	1.4	1.4
Suffocation	0.9	0.9	0.8	0.8	0.8	0.9	0.9
Pedestrian (non-traffic)[e]	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Fall	0.3	0.2	0.1	0.2	0.1	0.2	0.1

- = not available

[a] Total includes American Indians/Alaska Natives.

[b] Death rates for American Indians/Alaska Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

[c] Trend data for Hispanics and white, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States with the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 to those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986-87; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993-96; and complete reporting beginning in 1997. The population data in 1990 and 1991 do not exclude New York City.

[d] Persons of Hispanic origin may be of any race.

[e] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in motor vehicle traffic related.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

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Table HEALTH7

Adolescent mortality: Death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death, selected years 1980-98

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1995	1996	1997	1998
Total, all races							
All causes	97.9	80.5	87.9	83.1	78.6	74.8	70.6
Injuries	78.1	62.8	71.0	66.1	62.4	58.5	55.0
Motor vehicle traffic	42.3	33.1	32.8	28.3	28.2	27.0	26.0
All firearm	14.7	13.3	23.3	24.5	21.2	18.8	16.3
Firearm homicide	7.0	5.7	13.8	15.4	13.2	11.6	9.6
Firearm suicide	5.4	6.0	7.4	7.0	6.1	6.0	5.6
Males							
White, non-Hispanic							
All causes	-	105.1	108.7	96.0	92.1	90.1	87.2
Injuries	-	86.2	89.9	77.2	75.1	72.3	70.3
Motor vehicle traffic	-	47.6	48.2	38.5	39.3	37.1	36.4
All firearm	-	17.0	21.0	19.9	16.9	16.5	15.3
Firearm homicide	-	3.7	4.0	4.5	3.6	4.3	3.4
Firearm suicide	-	10.5	13.6	12.6	11.0	10.5	10.4
Black							
All causes	134.5	125.5	199.7	209.3	191.7	164.4	149.4
Injuries	105.3	96.7	174.0	177.2	163.1	139.1	122.6
Motor vehicle traffic	24.3	21.9	28.5	29.6	28.4	28.8	25.5
All firearm	46.7	46.5	119.7	124.9	113.0	90.6	75.5
Firearm homicide	38.4	36.6	104.4	106.0	95.2	77.9	63.5
Firearm suicide	3.4	5.4	8.8	10.7	9.5	8.4	7.5
Hispanic[a]							
All causes	-	121.3	132.2	131.6	119.9	107.1	100.0
Injuries	-	103.7	116.6	115.3	102.8	90.6	85.1
Motor vehicle traffic	-	42.8	41.0	33.1	31.2	27.7	27.6
All firearm	-	31.2	52.0	68.5	51.9	45.1	37.5
Firearm homicide	-	20.9	40.0	49.6	40.9	33.2	28.6
Firearm suicide	-	6.7	8.6	9.6	7.2	8.5	6.1
American Indian/Alaska Native							
All causes	248.3	167.5	182.1	163.1	154.6	163.4	133.9
Injuries	222.7	148.4	155.8	147.3	136.9	146.3	122.6
Motor vehicle traffic	107.9	66.3	62.7	58.3	50.3	65.9	49.6
All firearm	40.6	29.2	29.3	48.4	43.8	39.7	40.9
Firearm homicide	*	*	*	*	*	*	*
Firearm suicide	26.7	*	*	*	27.0	21.7	25.2
Asian/Pacific Islander							
All causes	69.1	57.8	73.1	68.4	64.8	56.9	54.0
Injuries	53.5	47.4	62.3	54.4	55.0	43.0	41.3
Motor vehicle traffic	25.5	21.0	24.1	15.1	21.4	12.6	14.2
All firearm	*	9.2	22.2	28.2	19.2	18.8	13.9
Firearm homicide	*	*	12.6	19.2	13.3	14.5	10.2
Firearm suicide	*	*	8.3	6.4	*	*	*

Table HEALTH7 (cont.) Adolescent mortality: Death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and cause of death, selected years 1980-98

(Deaths per 100,000 adolescents ages 15-19)

Characteristic	1980	1985	1990	1995	1996	1997	1998
Females							
White, non-Hispanic							
All causes	-	46.4	45.5	44.3	43.1	43.8	42.0
Injuries	-	33.7	33.2	32.3	31.4	31.8	30.4
Motor vehicle traffic	-	22.5	23.2	22.9	22.2	22.5	22.1
All firearm	-	3.8	4.0	3.7	3.5	3.3	2.8
Firearm homicide	-	1.1	1.4	1.7	1.4	1.3	1.0
Firearm suicide	-	2.2	2.3	1.8	1.9	1.9	1.6
Black							
All causes	50.3	44.6	54.3	57.8	54.8	48.9	43.2
Injuries	25.5	22.9	30.8	33.3	31.7	26.8	22.9
Motor vehicle traffic	6.6	7.5	9.7	10.9	12.8	10.3	8.5
All firearm	7.5	6.1	12.1	14.5	12.0	9.2	8.0
Firearm homicide	6.2	5.0	10.4	12.6	10.2	7.5	6.7
Firearm suicide	0.6	0.7	1.3	1.7	*	1.5	*
Hispanic[a]							
All causes	-	33.6	35.7	37.7	35.3	33.7	32.4
Injuries	-	20.7	23.0	24.5	22.1	21.5	21.6
Motor vehicle traffic	-	10.7	10.5	13.0	11.3	12.6	12.1
All firearm	-	4.5	6.9	6.1	4.2	4.7	4.2
Firearm homicide	-	*	4.9	4.8	2.4	3.2	2.8
Firearm suicide	-	*	*	*	*	*	*
American Indian/Alaska Native							
All causes	77.4	69.9	72.8	60.3	57.4	53.4	46.6
Injuries	64.3	56.8	60.8	46.2	44.0	38.6	38.7
Motor vehicle traffic	41.7	29.6	34.7	29.1	23.0	23.0	22.8
All firearm	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*
Asian/Pacific Islander							
All causes	26.7	32.1	25.9	28.8	27.3	29.3	25.5
Injuries	16.7	19.3	18.2	19.9	18.4	18.8	16.3
Motor vehicle traffic	*	*	10.9	12.8	8.3	12.7	9.7
All firearm	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*

– = Data not available

* Number too small to calculate a reliable rate.

[a] Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Table HEALTH8 Adolescent births: Birth rates by mother's age, race, and Hispanic origin, selected years 1980-99

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
All races								
Ages 10-14	1.1	1.2	1.4	1.3	1.2	1.1	1.0	0.9
Ages 15-17	32.5	31.0	37.5	36.0	33.8	32.1	30.4	28.7
Ages 18-19	82.1	79.6	88.6	89.1	86.0	83.6	82.0	80.3
Ages 15-19	53.0	51.0	59.9	56.8	54.4	52.3	51.1	49.6
White, total								
Ages 10-14	0.6	0.6	0.7	0.8	0.8	0.7	0.6	0.6
Ages 15-17	25.5	24.4	29.5	30.0	28.4	27.1	25.9	24.8
Ages 18-19	73.2	70.4	78.0	81.2	78.4	75.9	74.6	73.5
Ages 15-19	45.4	43.3	50.8	50.1	48.1	46.3	45.4	44.6
White, non-Hispanic								
Ages 10-14	0.4	-	0.5	0.4	0.4	0.4	0.3	0.3
Ages 15-17	22.4	-	23.2	22.0	20.6	19.4	18.4	17.1
Ages 18-19	67.7	-	66.6	66.1	63.7	61.9	60.6	58.9
Ages 15-19	41.2	-	42.5	39.3	37.6	36.0	35.2	34.0
Black, total								
Ages 10-14	4.3	4.5	4.9	4.2	3.6	3.3	2.9	2.6
Ages 15-17	72.5	69.3	82.3	69.7	64.7	60.8	56.8	52.0
Ages 18-19	135.1	132.4	152.9	137.1	132.5	130.1	130.9	122.8
Ages 15-19	97.8	95.4	112.8	96.1	91.4	88.2	85.4	81.0
Black, non-Hispanic								
Ages 10-14	4.6	-	5.0	4.3	3.8	3.4	3.0	2.7
Ages 15-17	77.2	-	84.9	72.1	66.6	62.6	58.8	53.7
Ages 18-19	146.5	-	157.5	141.9	136.6	134.0	130.9	126.8
Ages 15-19	105.1	-	116.2	99.3	94.2	90.8	88.2	83.7
Hispanic[a]								
Ages 10-14	1.7	-	2.4	2.7	2.6	2.3	2.1	2.0
Ages 15-17	52.1	-	65.9	72.9	69.0	66.3	62.3	61.3
Ages 18-19	126.9	-	147.7	57.9	151.1	144.3	140.1	139.4
Ages 15-19	82.2	-	100.3	106.7	101.8	97.4	93.6	93.4
American Indian/Alaska Native								
Ages 10-14	1.9	1.7	1.6	1.8	1.7	1.7	1.6	1.6
Ages 15-17	51.5	47.7	48.5	47.8	46.4	45.3	44.4	41.4
Ages 18-19	129.5	124.1	129.3	130.7	122.3	117.6	118.4	110.6
Ages 15-19	82.2	79.2	81.1	78.0	73.9	71.8	72.1	67.8
Asian/Pacific Islander								
Ages 10-14	0.3	0.4	0.7	0.7	0.6	0.5	0.4	0.3
Ages 15-17	12.0	12.5	16.0	15.4	14.9	14.3	13.8	12.3
Ages 18-19	46.2	40.8	40.2	43.4	40.4	39.3	38.3	38.0
Ages 15-19	26.2	23.8	26.4	26.1	24.6	23.7	23.1	22.3

– = not available

[a] Persons of Hispanic origin may be of any race. Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993. Rates in 1981-88 were not calculated for Hispanics, black, non-Hispanics and white, non-Hispanics because estimates for these populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (POP6A). Birth rates for married teenagers have fallen sharply in the 1990s, but relatively few teenagers are married.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports, 49* (1). Hyattsville, MD: National Center for Health Statistics. Mathews, T.J., Ventura, S.J., Curtin, S.C., and Martin, J.A. (1999). Births of Hispanic origin, 1989-95. *Monthly Vital Statistics Report, 46* (6, Supplement). Hyattsville, MD: National Center for Health Statistics. Taffel, S.M. (1984). Birth and fertility rates for States: United States, 1990. *Vital and Health Statistics, 42* (21). Hyattsville, MD: National Center for Health Statistics.

Table BEH1

Regular cigarette smoking: Percentage of students who reported smoking cigarettes daily in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-2000

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
8th-graders									
Total	–	–	–	9.3	10.4	9.0	8.8	8.1	7.4
Gender									
Male	–	–	–	9.2	10.5	9.0	8.1	7.4	7.0
Female	–	–	–	9.2	10.1	8.7	9.0	8.4	7.5
Race and Hispanic origin[a]									
White	–	–	–	10.5	11.7	11.4	10.4	9.7	9.0
Black	–	–	–	2.8	3.2	3.7	3.8	3.8	3.2
Hispanic[b]	–	–	–	9.2	8.0	8.1	8.4	8.5	7.1
10th-graders									
Total	–	–	–	16.3	18.3	18.0	15.8	15.9	14.0
Gender									
Male	–	–	–	16.3	18.1	17.2	14.7	15.6	13.7
Female	–	–	–	16.1	18.6	18.5	16.8	15.9	14.1
Race and Hispanic origin[a]									
White	–	–	–	17.6	20.0	21.4	20.3	19.1	17.7
Black	–	–	–	4.7	5.1	5.6	5.8	5.3	5.2
Hispanic[b]	–	–	–	9.9	11.6	10.8	9.4	9.1	8.8
12th-graders									
Total	21.3	19.5	19.1	21.6	22.2	24.6	22.4	23.1	20.6
Gender									
Male	18.5	17.8	18.6	21.7	22.2	24.8	22.7	23.6	20.9
Female	23.5	20.6	19.3	20.8	21.8	23.6	21.5	22.2	19.7
Race and Hispanic origin[a]									
White	23.9	20.4	21.8	23.9	25.4	27.8	28.3	26.9	25.7
Black	17.4	9.9	5.8	6.1	7.0	7.2	7.4	7.7	8.0
Hispanic[b]	12.8	11.8	10.9	11.6	12.9	14.0	13.6	14.0	15.7

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2000). *National survey results on drug use from the Monitoring the Future Study, 1975-1999* (NIH Publication No. 00-4802). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study, Monitoring the Future, University of Michigan. Press release of December 14, 2000, and unpublished data from Monitoring the Future, University of Michigan.

Table BEH2

Alcohol use: Percentage of students who reported having five or more drinks in a row in the past 2 weeks by grade, gender, race, and Hispanic origin, selected years 1980-2000

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999	2000
8th-graders									
Total	-	-	-	14.5	15.6	14.5	13.7	15.2	14.1
Gender									
Male	-	-	-	15.1	16.5	15.3	14.4	16.4	14.4
Female	-	-	-	13.9	14.5	13.5	12.7	13.9	13.6
Race and Hispanic origin[a]									
White	-	-	-	13.9	15.1	15.1	14.1	14.3	14.9
Black	-	-	-	10.8	10.4	10.4	9.0	9.9	10.0
Hispanic[b]	-	-	-	22.0	21.0	20.7	20.4	20.9	19.1
10th-graders									
Total	-	-	-	24.0	24.8	25.1	24.3	25.6	26.2
Gender									
Male	-	-	-	26.3	27.2	28.6	26.7	29.7	29.8
Female	-	-	-	21.5	22.3	21.7	22.2	21.8	22.5
Race and Hispanic origin[a]									
White	-	-	-	25.4	26.2	26.9	27.0	27.2	28.1
Black	-	-	-	13.3	12.2	12.7	12.8	12.7	12.9
Hispanic[b]	-	-	-	26.8	29.6	27.5	26.3	27.5	28.3
12th-graders									
Total	41.2	36.7	32.2	29.8	30.2	31.3	31.5	30.8	30.0
Gender									
Male	52.1	45.3	39.1	36.9	37.0	37.9	39.2	38.1	36.7
Female	30.5	28.2	24.4	23.0	23.5	24.4	24.0	23.6	23.5
Race and Hispanic origin[a]									
White	44.3	41.5	36.6	32.3	33.4	35.1	36.4	35.7	34.6
Black	17.7	15.7	14.4	14.9	15.3	13.4	12.3	12.3	11.5
Hispanic[b]	33.1	31.7	25.6	26.6	27.1	27.6	28.1	29.3	31.0

– = not available

[a] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b] Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2000). *National survey results on drug use from the Monitoring the Future Study, 1975-1999* (NIH Publication No. 00-4802). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study Monitoring the Future, University of Michigan. Press release of December 14, 2000, and unpublished data from Monitoring the Future, University of Michigan.

Table BEH3 **Illicit drug use: Percentage of students who have used illicit drugs in the previous 30 days by grade, gender, race, and Hispanic origin, selected years 1980-2000**

Characteristic	1980[a]	1985	1990	1995	1996	1997	1998	1999	2000
8th-graders									
Total	–	–	–	12.4	14.6	12.9	12.1	12.2	11.9
Gender									
Male	–	–	–	12.7	14.6	13.3	11.9	12.6	12.0
Female	–	–	–	11.9	14.1	12.3	11.9	11.7	11.3
Race and Hispanic origin[b]									
White	–	–	–	18.9	13.2	13.7	12.4	11.3	11.2
Black	–	–	–	9.1	10.5	10.8	10.2	11.1	10.8
Hispanic[c]	–	–	–	16.7	16.5	15.9	15.9	17.0	15.2
10th-graders									
Total	–	–	–	20.2	23.2	23.0	21.5	22.1	22.5
Gender									
Male	–	–	–	21.1	24.3	24.8	22.5	23.7	25.4
Female	–	–	–	19.0	21.9	21.0	20.5	20.4	19.5
Race and Hispanic origin[b]									
White	–	–	–	19.7	22.4	23.8	23.1	22.6	23.0
Black	–	–	–	15.5	17.0	17.7	16.4	15.8	17.0
Hispanic[c]	–	–	–	20.6	22.5	24.2	24.2	23.8	23.7
12th-graders									
Total	37.2	29.7	17.2	23.8	24.6	26.2	25.6	25.9	24.9
Gender									
Male	39.6	32.1	18.9	26.8	27.5	28.7	29.1	28.6	27.5
Female	34.3	26.7	15.2	20.4	21.2	23.2	21.6	22.7	22.1
Race and Hispanic origin[b]									
White	38.8	30.2	20.5	23.8	24.8	26.4	27.5	27.0	25.9
Black	28.8	22.9	9.0	18.3	19.7	20.0	19.4	20.2	20.3
Hispanic[c]	33.1	27.2	13.9	21.4	22.6	23.9	24.1	24.4	27.4

– = not available

[a] Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

[b] Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[c] Persons of Hispanic origin may be of any race.

NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy (MDMA)), amphetamines (including methamphetamine), and nonmedical use of psychotherapeutics.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2000). *National survey results on drug use from the Monitoring the Future Study, 1975-1999* (NIH Publication No. 00-4802). Bethesda, MD: National Institutes of Health, National Institute on Drug Abuse, and Institute for Social Research, University of Michigan. Table 2-2. Data are from the study, Monitoring the Future, University of Michigan. Press release of December 14, 2000, and unpublished data from Monitoring the Future, University of Michigan.

Table BEH4.A **Youth victims of serious violent crimes: Number and rate of victimizations for youth ages 12 to 17 by age, race, and gender, selected years 1980-99**

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
Rate per 1,000 youth ages 12-17								
Age								
12-17	37.6	34.3	43.2	28.3	30.3	27.1	24.6	20.4
12-14	33.4	28.1	41.2	26.7	24.9	23.5	20.4	20.4
15-17	41.4	40.3	45.2	30.0	35.8	30.7	28.6	20.5
Race								
White	34.1	34.4	37.0	25.5	27.7	27.6	24.2	18.7
Black	60.2	35.2	77.0	44.5	43.4	30.4	31.0	32.0
Other	21.7	28.8	37.3	23.7	31.2	9.7	11.7	13.2
Gender								
Male	54.8	49.8	60.5	39.0	40.4	33.1	32.2	26.8
Female	19.7	18.2	24.9	17.0	19.7	20.7	16.5	13.7
Number of victimizations of youth ages 12-17								
Age								
12-17	877,104	742,815	866,272	633,301	687,638	622,242	569,935	477,682
12-14	364,437	295,972	412,125	303,287	281,992	266,461	233,500	237,031
15-17	512,667	446,843	454,147	330,014	405,646	355,781	336,435	240,651
Race								
White	658,539	606,739	593,596	451,830	498,628	502,846	444,663	344,896
Black	206,227	113,960	238,141	154,013	152,095	107,541	110,314	115,612
Other	12,292	22,111	34,523	27,445	36,902	11,845	14,953	17,165
Gender								
Male	651,976	550,860	623,509	447,695	471,282	390,870	383,546	322,259
Female	225,127	191,955	242,763	185,606	216,356	231,372	186,389	155,422

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of wether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Census Bureau's Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. the rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

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Table BEH4.B **Serious violent juvenile crime rate: Number and rate of serious crimes involving youth ages 12 to 17, selected years 1980-99**

Characteristic	1980	1985	1990	1995	1996	1997	1998	1999
Rate per 1,000 youth ages 12-17								
Total	34.9	30.2	39.1	36.3	35.5	30.7	26.5	26.1
Number of serious violent crimes								
Total (in millions)	3.8	3.4	3.5	3.3	3.3	3.0	2.8	2.5
Number involving youth ages 12-17 (in thousands)	812	652	785	812	805	706	616	610
Percentage involving youth ages 12-17	21.3	19.4	22.4	24.7	24.7	23.2	22.2	24.1
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.5	53.1	53.4	52.9	47.1

NOTE: This rate is the ratio of the number of crimes (aggravated assault, rape, and robbery; i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table ED1 **Family reading: Percentage of children ages 3 to 5[a] who were read to every day in the last week by a family member by child and family characteristics, selected years 1993-99**

Characteristic	1993	1995	1996	1999
Total	53	58	57	54
Gender				
Male	51	57	56	52
Female	54	59	57	55
Race and Hispanic origin				
White, non-Hispanic	59	65	64	61
Black, non-Hispanic	39	43	44	41
Hispanic[b]	37	38	39	33
Poverty status[c]				
Below poverty	44	48	46	38
At or above poverty	56	62	61	58
Family type				
Two parents	55	61	61	58
One or no parent	46	49	46	43
Mother's highest level of education[d]				
Less than high school graduate	37	40	37	39
High school graduate/GED	48	48	49	45
Vocational/technical or some college	57	64	62	53
College graduate	71	76	77	71
Mother's employment status[d,e]				
Worked 35 hours or more per week	52	55	54	49
Worked less than 35 hours per week	56	63	59	56
Not in labor force	55	60	59	60

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Persons of Hispanic origin may be of any race.

[c] Poverty estimates for 1993 are not comparable to later years because respondents were not asked exact household income.

[d] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

[e] Unemployed mothers are not shown separately but are included in the total.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table ED2 Early childhood care and education: Percentage of children ages 3 to 5[a] who are enrolled in center-based early childhood care and education programs[b] by child and family characteristics, selected years 1991-99

Characteristic	1991	1993	1995	1996	1999
Total	53	53	55	55	60
Gender					
Male	52	53	55	55	61
Female	53	53	55	55	59
Race and Hispanic origin					
White, non-Hispanic	54	54	57	57	60
Black, non-Hispanic	58	57	60	65	73
Hispanic[c]	39	43	37	39	44
Other	53	51	57	45	66
Poverty status[d]					
Below poverty	44	49	45	44	52
At or above poverty	56	53	59	59	62
Family type					
Two parents	50	52	55	54	59
One or no parent	54	54	56	58	62
Mother's highest level of education[e]					
Less than high school graduate	32	33	35	37	40
High school graduate/GED	46	43	48	49	52
Vocational/technical or some college	60	60	57	58	63
College graduate	72	73	75	73	74
Mother's employment status[e]					
Worked 35 hours or more per week	59	61	60	63	65
Worked less than 35 hours per week	58	57	62	64	64
Looking for work	43	48	52	47	55
Not in labor force	45	44	47	43	52

[a] Estimates are based on children who have yet to enter kindergarten.

[b] Center-based programs include day care centers, Head Start programs, preschool, nursery school, prekindergarten, and other early childhood programs.

[c] Persons of Hispanic origin may be of any race.

[d] Poverty estimates for 1991 and 1993 are not comparable to later years because respondents were not asked exact household income.

[e] Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

Table ED3.A **Mathematics achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1982-99**

Characteristic	1982	1986	1990	1992	1994	1996	1999
Age 9							
Total	219	222	230	230	231	231	232
Gender							
Male	217	222	229	231	232	233	233
Female	221	222	230	228	230	229	231
Race and Hispanic origin							
White	224	227	235	235	237	237	239
Black	195	202	208	208	212	212	211
Hispanic[a]	204	205	214	212	210	215	213
Age 13							
Total	269	269	270	273	274	274	276
Gender							
Male	269	270	271	274	276	276	277
Female	268	268	270	272	273	272	275
Race and Hispanic origin							
White	274	274	276	279	281	281	283
Black	240	249	249	250	252	252	251
Hispanic[a]	252	254	255	259	256	256	259
Parents' education							
Less than high school	251	252	253	256	255	254	256
Graduated high school	263	263	263	263	266	267	264
Some education after high school	275	274	277	278	277	278	279
Graduated college	282	280	280	283	285	283	286
Age 17							
Total	299	302	305	307	306	307	308
Gender							
Male	302	305	306	309	309	310	310
Female	296	299	303	305	304	305	307
Race and Hispanic origin							
White	304	308	310	312	312	313	315
Black	272	279	289	286	286	286	283
Hispanic[a]	277	283	284	292	291	292	293
Parents' education							
Less than high school	279	279	285	286	284	281	289
Graduated high school	293	293	294	298	295	297	299
Some education after high school	304	305	308	308	305	307	308
Graduated college	312	314	316	316	318	317	317

[a] Persons of Hispanic origin may be of any race.

NOTE: Parents' level of education is the highest educational attainment of either parent. Data on parents' level of education are not reliable for 9-year-olds.

The mathematics proficiency scale ranges from 0 to 500:
- Level 150: Simple arithmetic facts
- Level 200: Beginning skills and understandings
- Level 250: Numerical operations and beginning problem solving
- Level 300: Moderately complex procedures and reasoning
- Level 350: Multi-step problem solving and algebra

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 trends in academic progress.*

Table ED3.B

Reading achievement: Average scale scores of students ages 9, 13, and 17 by age and child and family characteristics, selected years 1980-99

Characteristic	1980	1984	1988	1990	1992	1994	1996	1999
Age 9								
Total	215	211	212	209	211	211	213	212
Gender								
Male	210	208	208	204	206	207	207	209
Female	220	214	216	215	215	215	218	215
Race and Hispanic origin								
White	221	218	218	217	218	218	220	221
Black	189	186	189	182	185	185	191	186
Hispanic[a]	190	187	194	189	192	186	195	193
Age 13								
Total	259	257	258	257	260	258	258	259
Gender								
Male	254	253	252	251	254	251	251	254
Female	263	262	263	263	265	266	264	265
Race and Hispanic origin								
White	264	263	261	262	266	265	266	267
Black	233	236	243	242	238	234	234	238
Hispanic[a]	237	240	240	238	239	235	238	244
Parents' education								
Less than high school	239	240	247	241	239	237	239	238
Graduated high school	254	253	253	251	252	251	251	251
Some education after high school	271	268	265	267	270	269	269	270
Age 17								
Total	286	289	290	290	290	288	288	288
Gender								
Male	282	284	286	284	284	282	281	282
Female	289	294	294	297	296	295	295	295
Race and Hispanic origin								
White	293	295	295	297	297	296	295	295
Black	243	264	274	267	261	266	266	264
Hispanic[a]	261	268	271	275	271	263	265	271
Parents' education								
Less than high school	262	269	267	270	271	268	267	265
Graduated high school	278	281	282	283	281	276	273	274
Some education after high school	299	301	300	300	299	299	298	298

[a] Persons of Hispanic origin may be of any race.

NOTE: Parents' level of education is the highest educational attainment of either parent. Data on parents' level of education are not reliable for 9-year-olds.

The reading proficiency scale has a range from 0 to 500:

- Level 150: Simple, discrete reading tasks
- Level 200: Partial skills and understanding
- Level 250: Interrelates ideas and makes generalizations
- Level 300: Understands complicated information
- Level 350: Learns from specialized reading materials

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 trends in academic progress.*

Table ED4.A High school academic coursetaking: Percentage distribution of high school graduates by the highest level of advanced mathematics courses taken, selected years 1982-98

Characteristic	1982	1987	1990	1992	1994	1998
Non- or low academic						
Total	23.9	19.6	17.2	12.5	11.9	9.3
Middle academic						
Total	48.8	49.9	51.6	49.1	49.3	48.5
Level I	30.6	26.8	25.4	22.7	22.4	20.8
Level II	18.2	23.1	26.2	26.4	26.9	27.7
Advanced academic						
Total	26.2	29.5	30.5	38.0	38.1	41.4
Level I	15.5	12.9	12.9	16.4	16.3	14.4
Level II	4.8	9.0	10.4	10.9	11.6	15.2
Level III	5.9	7.6	7.2	10.7	10.2	11.8

NOTE: Totals do not add to 100, due to small percentage of students who completed no mathematics or only basic or remedial-level courses.

Mathematics academic levels are:
Nonacademic: General Mathematics I or II; Basic Mathematics I, II, or III; consumer mathematics; technical or vocational mathematics; and mathematics review.
Low academic: Pre-algebra; Algebra I (taught over 2 years); and Geometry (informal).
Middle academic I: Algebra I; plane geometry; plane and solid geometry; Unified Mathematics I and II; and pure mathematics.
Middle academic II: Algebra II and Unified Mathematics III.
Advanced academic I: Algebra III; algebra/trigonometry; algebra/analytical geometry; trigonometry; trigonometry/solid geometry; analytical geometry; linear algebra; probability; probability/statistics; statistics (other); and independent study.
Advanced academic II: Precalculus and introduction to analysis.
Advanced academic III: Advanced Placement calculus; calculus; and calculus/analytical geometry.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Longitudinal Study of 1988 (1992); NAEP Transcript Study (1987, 1990, 1994, and 1998).

Table ED4.B High school academic coursetaking: Percentage distribution of high school graduates by the highest level of advanced science courses taken, selected years, 1982-98

Characteristic	1982	1987	1990	1992	1994	1998
Primary and secondary physical	27.2	15.8	12.9	9.8	10.1	9.4
Biology	40.0	43.2	39.0	38.9	35.9	30.5
Chemistry, physics or both	30.6	40.2	47.5	51.1	53.5	59.6

NOTE: Totals do not add to 100, due to small percentage of students who completed no science or only basic or remedial-level courses.

Science academic levels are: Primary and secondary physical: Physical science; applied physical science; earth science; college preparatory earth science; unified science; astronomy; geology; environmental science; oceanography; general physics; Basic Biology I; and consumer or introductory chemistry.
Biology: General Biology I; secondary life sciences (including ecology, zoology, marine biology, and human physiology); general or honors Biology II; and advanced placement biology.
Chemistry, physics, or both: Students completed the following combinations of chemistry and physics: Chemistry I or Physics I; Chemistry I and Physics I; Chemistry II or Physics II.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Longitudinal Study of 1988 (1992); NAEP Transcript Study (1987, 1990, 1994, and 1998).

Table ED4.C

High school academic coursetaking: Percentage distribution of high school graduates by the level of English courses taken, selected years 1982-98

Characteristic	1982	1987	1990	1992	1994	1998
Mix of low- and middle-level courses						
50 percent or more in low level	2.9	8.2	6.3	5.9	5.8	4.1
Less than 50 percent in low level, none in honors	7.0	14.0	13.4	12.0	11.8	9.6
Regular						
Regular[a]	77.2	56.9	61.2	58.1	57.8	57.4
Mix of middle- and high-level courses						
Less than 50 percent in honors, none in low level	5.7	7.2	6.5	7.1	7.1	8.6
50 percent or more in honors	7.1	13.7	12.7	16.9	17.6	20.3

[a] Consists of students whose English coursetaking did not fall into one of the other categories.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Longitudinal Study of 1988 (1992); NAEP Transcript Study (1987, 1990, 1994, and 1998).

Table ED4.D

High school academic coursetaking: Percentage distribution of high school graduates by the level of foreign language courses taken, selected years, 1982-98

Characteristic	1982	1987	1990	1992	1994	1998
No foreign language	45.5	33.3	26.9	22.4	22.2	19.3
First-year course or less	20.4	22.6	21.2	19.9	19.8	19.2
Second-year course	19.5	24.9	30.2	32.0	32.1	31.5
Third-year course	8.9	11.9	12.9	14.8	15.0	17.4
Fourth-year/advanced placement course	5.7	7.3	8.8	10.9	10.9	12.6

NOTE: Foreign language coursetaking based upon students taking classes in four languages: Spanish, French, Latin, and German.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond (1982); National Longitudinal Study of 1988 (1992); NAEP Transcript Study (1987, 1990, 1994, and 1998).

Table ED5

High school completion: Percentage of adults ages 18 to 24[a] who have completed high school by race, Hispanic origin, and method of completion, selected years 1980-99

Characteristic	1980	1985	1990	1995[b]	1996[b]	1997[b]	1998[b]	1999[b]
Total[c]								
Total completing high school[d]	84	85	86	85	86	86	85	86
Method of completion								
Diploma	–	–	81	78	76	77	75	77
Equivalent[e]	–	–	4	8	10	9	10	9
White, non-Hispanic								
Total completing high school[d]	88	88	90	90	92	91	90	91
Method of completion								
Diploma	–	–	85	83	81	81	80	82
Equivalent[e]	–	–	5	7	11	9	10	9
Black, non-Hispanic								
Total completing high school[d]	75	81	83	85	83	82	81	84
Method of completion								
Diploma	–	–	78	75	73	72	72	73
Equivalent[e]	–	–	5	9	10	10	10	11
Hispanic[f]								
Total completing high school[d]	57	67	59	63	62	67	63	63
Method of completion								
Diploma	–	–	55	54	55	59	52	55
Equivalent[e]	–	–	4	9	7	8	11	9

– = not available

[a] For those not currently enrolled in high school or below.

[b] Data for 1994 and subsequent years are not strictly comparable with data for 1980-93, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[c] Percentages are not shown separately for non-Hispanic Asians/Pacific Islanders and American Indians/Alaska Natives, but they are included in the total.

[d] From 1980 to 1991, high school completion was measured as completing 4 years of high school rather than the actual attainment of a high school diploma or equivalent.

[e] Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) test.

[f] Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, October Current Population Survey (various years). Kaufman, P., J.Y. Kwon, S. Klein and C. Chapman (2000) *Dropout rates in the United States: 1999.* Washington, DC: National Center for Education Statistics.

Table ED6.A **Youth neither enrolled in school nor working: Percentage of youth ages 16 to 19 who are neither enrolled in school nor working by gender, race, Hispanic origin, and age, selected years 1984-2000**

Characteristic	1984	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]
All youth ages 16-19									
Total	12	11	10	9	9	9	8	8	8
Gender									
Male	9	9	8	8	8	8	8	7	7
Female	14	13	12	11	11	10	9	9	9
Race and Hispanic origin									
White, non-Hispanic	10	9	8	7	7	7	6	6	6
Black, non-Hispanic	19	18	15	14	15	14	13	13	13
Hispanic[b]	18	17	17	16	16	14	14	14	13
Youth ages 16-17									
Total	5	5	5	4	4	4	4	4	4
Gender									
Male	4	5	4	4	4	4	4	4	3
Female	6	6	5	5	5	4	4	4	4
Race and Hispanic origin									
White, non-Hispanic	5	5	4	3	3	3	3	3	3
Black, non-Hispanic	6	6	6	6	5	6	5	5	5
Hispanic[b]	11	10	10	9	8	8	8	9	7
Youth ages 18-19									
Total	18	17	15	15	15	14	13	13	12
Gender									
Male	14	13	12	12	13	12	12	11	11
Female	21	20	18	17	17	15	13	14	13
Race and Hispanic origin									
White, non-Hispanic	14	14	12	11	11	10	9	9	9
Black, non-Hispanic	32	30	23	24	25	23	21	21	21
Hispanic[b]	25	24	24	23	23	20	19	20	18

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

NOTE: The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Surveys.

Table ED6.B

Youth enrolled in school and working: Percentage of youth ages 16 to 19 who are enrolled in school and working by gender, race, Hispanic origin, and age, selected years 1984-2000

Characteristic	1984	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]
All youth ages 16-19									
Total	25	26	28	29	29	29	29	31	30
Gender									
Male	25	26	27	28	28	28	29	29	29
Female	25	26	28	30	30	30	33	32	32
Race and Hispanic origin									
White, non-Hispanic	29	30	33	35	35	35	36	36	36
Black, non-Hispanic	10	12	15	16	15	16	19	17	19
Hispanic[b]	18	15	17	16	17	17	18	18	19
Youth ages 16-17									
Total	28	29	29	30	30	29	31	31	31
Gender									
Male	28	29	29	29	28	29	30	30	29
Female	28	29	30	31	31	30	32	31	32
Race and Hispanic origin									
White, non-Hispanic	33	34	36	37	37	36	38	37	37
Black, non-Hispanic	10	12	15	16	16	15	17	17	19
Hispanic[b]	18	15	17	14	15	15	17	17	18
Youth ages 18-19									
Total	23	23	26	28	28	28	30	30	30
Gender									
Male	23	23	25	27	28	27	27	28	28
Female	23	23	26	30	29	30	33	32	31
Race and Hispanic origin									
White, non-Hispanic	26	26	30	33	34	33	35	36	35
Black, non-Hispanic	11	12	15	17	15	16	21	18	18
Hispanic[b]	17	15	16	19	18	19	19	19	20

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Persons of Hispanic origin may be of any race.

NOTE: The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables. Data for the groups of youth not shown here–those employed and not in school and those not employed and in school–are available on the website version of the report at http://childstats.gov.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Surveys.

Table ED7

Higher education: Percentage of high school graduates ages 25 to 29 attaining higher degrees by highest degree attained, race, and Hispanic origin, selected years 1980-2000

Characteristic	1980	1985	1990	1995[a]	1996[a]	1997[a]	1998[a]	1999[a]	2000[a]
Bachelor's degree or higher[b]									
Total	26	26	27	28	31	32	31	32	33
Race and Hispanic origin									
White, non-Hispanic	28	27	29	31	34	35	35	36	36
Black, non-Hispanic	15	14	16	18	17	16	18	17	21
Hispanic[c]	13	18	14	16	16	18	17	14	15
Associate's degree									
Total	-	-	-	10	10	9	10	10	10
Race and Hispanic origin									
White, non-Hispanic	-	-	-	10	10	9	10	10	10
Black, non-Hispanic	-	-	-	8	8	7	8	10	9
Hispanic[c]	-	-	-	7	8	9	9	9	9

– = not available

[a] Data for 1994 and subsequent years are not strictly comparable with data for prior years because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

[b] Prior to 1992, this indicator was measured as completing 4 or more years of college rather than the actual attainment of a bachelor's degree.

[c] Persons of Hispanic origin may be of any race.

NOTE: Analyses of the 1993 Baccalaureate and Beyond Longitudinal study indicated that about 10 percent of all persons attaining a bachelor's degree in that year had previously earned an associate's degree. Source: National Center for Education Statistics.

SOURCE: U.S. Census Bureau, March Current Population Survey. U.S. Department of Education, National Center for Education Statistics, *The Condition of Education, 2000* and tabulations.

Table SPECIAL1

Asthma: Percentage of children ages 0 to 17 who have asthma by race and Hispanic origin, age, and poverty status, selected years 1981-1998

Characteristic	1981	1988	1998
Total	3.2	4.3	5.3
Race and Hispanic origin			
White, non-Hispanic[a]	2.8	4.2	5.2
Black, non-Hispanic[a]	5.4	5.1	6.8
Hispanic[b]	-	3.5	4.7
Age group			
Ages 0-4	2.9	2.9	4.7
Ages 5-10	3.4	5.1	5.3
Ages 11-17	3.2	4.5	5.8
Poverty status			
Below poverty	4.4	4.7	6.6
At or above poverty	2.8	4.3	5.0

- = not available

[a] Data by Hispanic origin were not available in 1981; data for whites and blacks include Hispanics in 1981.

[b] Persons of Hispanic origin may be of any race.

NOTE: Data by Hispanic origin were not available in 1981; data for whites and blacks include Hispanics in 1981. For a [illegible] 3 years, children were categorized as having asthma if the child ever had asthma (1981, 1988), or if they had ever been told by a health professional they had asthma (1998), and if the child had an asthma attack in the last year. Because of these slight differences, data for 1998 are not strictly comparable to previous years.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Table SPECIAL2.A

Youth employment while in school: Percentage of youth enrolled[a] in school and working in employee jobs[b] by age, gender, race, Hispanic origin, grade in school, and timing of employment, 1997-98 school year[c, d] and summer[e] 1998

Characteristic	Percent of students who ever worked during the school year and following summer	Percent who worked during school year			Percent who worked during summer only
		Total	Worked during school year and summer	Worked during school year only	
Age 14[f]					
Total	33.4	18.3	15.1	3.2	15.1
Gender					
Male	39.2	21.8	17.3	4.5	17.4
Female	27.3	14.7	12.8	1.9	12.6
Race and Hispanic origin					
White, non-Hispanic	38.3	22.4	18.8	3.6	15.9
Black, non-Hispanic	22.5	9.3	6.9	2.4	13.2
Hispanic[g]	24.3	12.9	10.0	2.9	11.4
Grade 8	28.8	12.3	10.1	2.2	16.5
Grade 9	35.7	20.4	16.8	3.6	15.3
Age 15[f]					
Total	60.1	39.0	34.7	4.2	21.1
Gender					
Male	62.4	41.5	37.6	3.9	20.9
Female	57.5	36.1	31.5	4.6	21.4
Race and Hispanic origin					
White, non-Hispanic	65.0	42.3	37.9	4.4	22.7
Black, non-Hispanic	47.6	30.5	27.5	2.9	17.2
Hispanic[g]	54.1	36.2	31.1	5.1	17.9
Grade 9	54.9	33.9	29.1	4.8	21.0
Grade 10	63.3	41.1	36.9	4.2	22.2
Age 16[f]					
Total	73.9	58.4	51.8	6.5	15.5
Gender					
Male	74.6	56.8	49.9	6.9	17.8
Female	73.1	59.9	53.7	6.2	13.2
Race and Hispanic origin					
White, non-Hispanic	79.8	64.5	57.9	6.7	15.3
Black, non-Hispanic	59.4	45.4	38.9	6.5	14.0
Hispanic[g]	62.8	43.4	36.5	7.0	19.3
Grade 10	68.1	50.2	42.7	7.5	18.0
Grade 11	78.2	63.3	56.5	6.8	14.9

[a] Individuals were not considered enrolled if they received a high school diploma before April 1998 or if they were not enrolled for a period of two or more consecutive months during the school year.

[b] An employee job is one in which the youth has an on-going relationship with a particular employer, such as working in a supermarket or restaurant. This concept excludes freelance jobs, which involve doing one or a few tasks without a specific "boss," like babysitting or mowing lawns, or working for oneself.

[c] The school year is defined as September 1997 through May 1998, excluding the last full week of December 1997 and the first week of January 1998.

[d] If a youth works at least one week in an employee job during the 1997-98 school year, he or she qualifies as working in an employee job.

[e] Summer is defined as June, July and August of 1998.

[f] Age on September 1, 1998.

[g] Persons of Hispanic origin may be of any race.

NOTE: The National Longitudinal Survey of Youth 1997 consists of young men and women who were ages 12 to 16 on December 31, 1996.
SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Longitudinal Survey of Youth 1997.

Table SPECIAL2.B

Youth employment while in school: Percentage of youth enrolled[a] in school and working in employee jobs[b] by age, gender, race, Hispanic origin, grade in school, and percent of weeks worked, 1997-98 school year[c, d] and summer 1998

Characteristic	Percent of students who worked during the 1997-1998 school year	Percent of employed youth who worked		
		30% or fewer weeks[e]	31 to 90% weeks[e]	Over 90% of weeks[e]
Age 14[f]				
Total	18.3	38.4	19.9	41.8
Gender				
Male	21.8	35.7	19.9	44.4
Female	14.7	42.6	19.8	37.6
Race and Hispanic origin				
White, non-Hispanic	22.4	37.1	19.4	43.5
Black, non-Hispanic	9.3	*	*	*
Hispanic[g]	12.9	*	*	*
Grade 8	12.3	*	*	*
Grade 9	20.4	41.1	17.9	41.0
Age 15[f]				
Total	38.9	38.6	28.8	32.6
Gender				
Male	41.5	37.4	31.3	31.3
Female	36.1	40.1	25.7	34.3
Race and Hispanic origin				
White, non-Hispanic	42.2	38.2	26.8	35.0
Black, non-Hispanic	30.5	46.1	26.8	27.1
Hispanic[g]	36.1	36.2	40.2	23.7
Grade 9	33.8	47.0	28.1	24.9
Grade 10	41.1	36.5	28.6	34.9
Age 16[f]				
Total	58.4	20.8	33.7	45.5
Gender				
Male	56.8	23.0	31.1	45.9
Female	59.9	18.6	36.2	45.2
Race and Hispanic origin				
White, non-Hispanic	64.5	20.8	31.8	47.4
Black, non-Hispanic	45.4	23.6	42.2	34.2
Hispanic[g]	43.4	21.7	39.2	39.1
Grade 10	50.2	25.5	34.8	39.7
Grade 11	63.3	19.4	33.1	47.6

* Number too small to calculate a reliable estimate.

[a] Individuals were not considered enrolled if they received a high school diploma before April 1998 or if they were not enrolled for a period of two or more consecutive months during the school year.

[b] An employee job is one in which the youth has an on-going relationship with a particular employer, such as working in a supermarket or restaurant. This concept excludes freelance jobs, which involve doing one or a few tasks without a specific "boss," like babysitting or mowing lawns, or working for oneself.

[c] If a youth works at least one week in an employee job during the 1997-98 school year, he or she qualifies as working in an employee job.

[d] The school year is defined as September 1997 through May 1998, excluding the last full week of December 1997 and the first week of January 1998.

[e] There are 37 weeks during the school year. Working 30 percent or fewer weeks means working 11 or fewer weeks, 31 to 90 percent of weeks means 12 to 33 weeks, and over 90 percent means working more than 33 weeks.

[f] Age on September 1, 1998.

[g] Persons of Hispanic origin may be of any race.

NOTE: The National Longitudinal Survey of Youth 1997 consists of young men and women who were ages 12 to 16 on December 31, 1996.

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, National Longitudinal Survey of Youth 1997.

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Aerometric Information Retrieval System

The Aerometric Information Retrieval System (AIRS) is a repository of information about airborne pollution in the United States and various World Health Organization (WHO) member countries. The system is administered by the U.S. Environmental Protection Agency (EPA), Office of Air Quality Planning and Standards (OAQPS), Information Transfer and Program Integration Division (ITPID), located in Research Triangle Park, North Carolina. Data on criteria pollutants consist of air quality measurements collected by sensitive monitoring equipment at thousands of sites across the Nation operated by State and local environmental agencies. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a time interval, usually 1 hour or 24 hours.

Information on the AIRS system is available online at http://www.epa.gov/airs.

Agency Contact:
Barbara Parzygnat
U.S. Environmental Protection Agency
Phone: (919) 541-5474

American Housing Survey

This survey provides data necessary for evaluating progress made toward "a decent home and a suitable living environment for every American family," affirmed in 1949 and 1968 legislation. The data come from a Census Bureau nationwide sample survey in odd-numbered years for national, regional, and metropolitan/nonmetropolitan data and from surveys in 47 metropolitan statistical areas over a multi-year cycle. These data detail the types, size, conditions, characteristics, housing costs and values, equipment, utilities, and dynamics of the housing inventory; describe the demographic, financial, and mobility characteristics of the occupants; and give as well some information on neighborhood conditions. In 1997, the survey was conducted using computer-assisted personal interviewing for the first time, and questions on rental assistance and physical problems were also changed. Therefore, 1997 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

Information about the American Housing Survey is available online at http://www.census.gov/hhes/www/ahs.html.

Agency Contact:
Kathy Nelson
U.S. Department of Housing and Urban Development
Phone: (202) 708-1520, x5917

Continuing Survey of Food Intakes by Individuals

The Continuing Survey of Food Intakes by Individuals (CSFII) is designed to measure what Americans eat and drink. Uses of the survey include monitoring the nutritional adequacy of American diets, measuring the impact of food fortification on nutrient intakes, developing dietary guidance and related programs, estimating exposure of population groups to food contaminants, evaluating the nutritional impact of food assistance programs, and assessing the need for agricultural products. The 1989-91 CSFII sample consisted of individuals residing in households and included oversampling of the low-income population. Individuals were asked to provide 3 consecutive days of dietary data. The 1994-96 CSFII also included individuals living in households and oversampling of the low-income population. In each of the 3 survey years, respondents were asked to provide, through in-person interviews, food intake data on 2 nonconsecutive days, with both days of intake collected by the 24-hour recall method. Intake data were provided for 3,937 children under 18 years of age in 1989-91 and 5,354 children in 1994-96.

For more information on the CSFII 1989-91, see Tippett, K.S., Mickle, S.J., Goldman, J.D., et al. (1995). *Food and nutrient intakes by individuals in the United States, 1 day, 1989-91* (NFS Rep. No. 91-2). U.S. Department of Agriculture, Agricultural Research Service.

For more information on the CSFII 1994-96, see Tippett, K.S. and Cypel, Y.S. (Eds.). (1998). *Design and operation: The Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey, 1994-96* (NFS Rep. No. 96-1). U.S. Department of Agriculture, Agricultural Research Service.

Information about the CSFII is available online at http://www.barc.usda.gov/bhnrc/foodsurvey/home.htm.

Agency Contact:
Alanna Moshfegh
Agricultural Research Service
U.S. Department of Agriculture
Phone: (301) 734-8457

For information on the Healthy Eating Index:
P. Peter Basiotis
Center for Nutrition Policy and Promotion
U.S. Department of Agriculture
Phone: (202) 418-0243

Current Population Survey

Core Survey and Supplements. The Current Population Survey (CPS) is a nationwide survey of about 50,000 households conducted monthly for the Bureau of Labor Statistics by the U.S. Census Bureau. At present, there are 754 CPS sampling areas in the United States, with coverage in every State and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the civilian noninstitutional population, ages 16 and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The March demographic supplement and the October school enrollment supplement provide information used to estimate the status and well-being of children. The March and October supplements have been administered every year since 1947. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older. Data on the highest level of school completed or degree attained are derived from the March supplement to the CPS. The April food security supplement, introduced in 1995, is described in detail below.

In 1994, the CPS questionnnaire was redesigned, and the computer-assisted personal interviewing method was implemented. In addition, the 1990 Census-based population controls, with adjustments for the estimated population undercount, were introduced. For more information regarding the CPS, its sampling structure, and estimation methodology, see U.S. Department of Labor, Bureau of Labor Statisics. (1997). Explanatory notes and estimates of error. *Employment and Earnings, 44* (1), 225-242. A more comprehensive description of the CPS that will incorporate the revisions and methodological changes introduced in 1994 is currently in preparation.

Food Security Supplement. The food security supplement is a survey instrument developed through a long and rigorous process. The content of the supplement is based on material reported in prior research on hunger and food security. It was subjected to extensive testing by the U.S. Census Bureau. It reflects the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference convened jointly by the National Center for Health Statistics and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the Census Bureau's Center for Survey Methods Research. The survey contains a systematic set of questions validated as measures of severity of food insecurity on both a 12-month and a 30-day basis. Data presented in this report are 12-month data from the CPS food security supplements. The respondents completing the supplement included households at all income levels, both above and below the Federal poverty threshold. Special final supplement sample weights were computed to adjust for the demographic characteristics of supplement non-interviews.

Information about the CPS is available online at http://www.bls.census.gov/CPS/CPSmain.htm.

Agency Contacts:
For information on food security:
Dawn Aldridge
Food and Nutrition Service
U.S. Department of Agriculture
Phone: (703) 305-2132

For information on family structure:
Fertility and Family Statistics Branch
U.S. Census Bureau
Phone: (301) 457-2416

For information on secure parental employment, family income, and youth neither enrolled in school nor working:
David Johnson
Bureau of Labor Statistics
Phone: (202) 691-6580

For information on poverty, family income, and access to health care:
Poverty and Health Statistics Branch
U.S. Census Bureau
Phone: (301) 457-3215

For information on higher education:
Tom Snyder
National Center for Education Statistics
E-mail: Tom.Snyder@ed.gov

For information on difficulty speaking English:
Edie McArthur
National Center for Education Statistics
E-mail: Edith.McArthur@ed.gov

For information on high school completion:
Chris Chapman
National Center for Education Statistics
E-mail: Chris.Chapman@ed.gov

For information on early childhood education:
Kathryn Chandler
National Center for Education Statistics
E-mail: Kathryn.Chandler@ed.gov

High School and Beyond

The High School and Beyond (HS&B) longitudinal survey was first administered in 1980 to a stratified, nationally representative sample of approximately 30,000 high school sophomores and 28,000 high school seniors from more than 1,000 high schools. Follow-up surveys were administered in 1982, 1984, 1986, and 1992. Approximately 30,000 individuals who were sophomores in 1980 participated in the First Follow-up in 1982. As a component of this survey, transcripts were collected, with a total of 15,941 transcripts obtained. 11,195 sophomores in 1980 had graduated in 1982 and had complete transcripts available in the file. Excluded students were students who dropped out of school, were still working for their diploma, or who did not have complete transcript data. For all transcripts and samples, a course identification code number, based on the Classification of Secondary School Courses (CSSC), was assigned to each course taken by a student. Courses were further classified into subject (e.g., math) and program (e.g., academic) areas using a 1998 revision of the CSSC (Bradby, D. and Hoachlander, E.G. (1999). *1998 Revision of the Secondary School Taxonomy.* Washington, DC: National Center for Education Statistics).

Information on the First Follow-up of HS&B can be found in:
Jones, C., et al. (1983). *High School and Beyond, 1980 Sophomore Cohort, First Follow-up (1982), Data File User's Manual.* Washington, DC: National Center for Education Statistics.

Information on the Transcript data files of HS&B can be found in:
Jones, C., et al. (1984) *High School and Beyond Transcripts Survey (1982), Data File User's Manual.* Washington, DC: National Center for Education Statistics.

Agency Contact:
Aurora D'Amico
National Center for Education Statistics
E-mail: Aurora.D'Amico@ed.gov

Monitoring the Future

The Monitoring the Future (MTF) Study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2000 survey is the tenth to include comparable samples of eighth- and tenth-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant funded by the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include the selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2000 survey included 13,286 high school seniors from 134 schools, 14,576 tenth-graders from 145 schools, and 17,311 eighth-graders from 156 schools (total of 45,173 students from 435 schools).

Agency Contact:
James Colliver
National Institute on Drug Abuse
Phone: (301) 402-1846

National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. To measure long-term trends in educational performance, NAEP has periodically assessed students ages 9, 13, and 17 in reading, mathematics, and science since the early 1970s. To ensure accurate measurement of trends, items and procedures have remained the same in each assessment. A variation of matrix sampling is used so that the results from a large number of items can be generalized to an entire population. Nationally representative samples of approximately 15,000 students were assessed in each subject in 1996, the last year for which results were available as of this printing. An estimated 10 percent of the school population is classified as having a disability or limited English proficiency. Nearly half of these students have been included in assessments, although the percentages vary by grade and subject being assessed. In its short-term assessments described below, NAEP is starting to offer accommodations to disabled and limited English proficient students to remove barriers to their participation.

NAEP also conducts assessments in various academic subjects to measure short-term trends for periods of approximately 10 years. Data from many of these assessments are available for participating States as well as the Nation as a whole.

Students in public and nonpublic schools are sampled. A charter school could be sampled, since they are within the universe of public schools, but home-schoolers are not included.

Information about NAEP is available online at http://nces.ed.gov/nationsreportcard.

Agency Contact:
Arnold Goldstein
National Center for Education Statistics
E-mail: Arnold.Goldstein@ed.gov

National Assessment of Educational Progress High School Transcript Studies

Conducted in association with NAEP, the High School Transcript Study (HSTS) provides coursetaking and demographic information for a stratified, nationally representative sample of high school seniors. Sample sizes have ranged from approximately 21,000 to 34,000 students in approximately 300 schools. It provides the Department of Education and other educational policymakers with information regarding current course offerings and coursetaking patterns in the Nation's secondary schools. In addition, it provides information on the relationship of student coursetaking patterns to achievement as measured by NAEP. Excluded students were students who dropped out of school, were still working for their diploma, had not received a "regular" or "honors" diploma, or who did not have complete transcript data. For all transcripts and samples, a course identification code number, based on the Classification of Secondary School Courses (CSSC), was assigned to each course taken by a student. Courses were further classified into subject (e.g., math) and program (e.g., academic) areas using a 1998 revision of the CSSC (Bradby, D. and Hoachlander, E.G. (1999). *1998 Revision of the Secondary School Taxonomy.* Washington, DC: National Center for Education Statistics).

More information about NAEP HSTS can be found in:
Legum, S., et al. (1998). *The 1994 High School Transcript Study Tabulations: Comparative Data on Credits Earned and Demographics for 1994, 1990, 1987, and 1982 High School Graduates (Revised).* Washington, DC: National Center for Education Statistics.

Agency Contact:
Janis Brown
National Center for Education Statistics
E-mail: Janis.Brown@ed.gov

National Education Longitudinal Study of 1988

The National Education Longitudinal Study of 1988 (NELS:88) is a longitudinal study sponsored by the National Center for Education Statistics (NCES). The Base Year Survey was administered to about 24,000 8th-graders in more than 1,000 schools with an 8th-grade class. The First, Second, Third, and Fourth Follow-ups revisited the same sample of students in 1990, 1992, 1994, and 2000, when most of the 1988 8th-graders were in 10th-grade, 12th-grade, and then, 2 and 6 years after they graduated from high school. For each in-school follow-up the student sample was "freshened" to obtain a representative, cross-sectional grade-cohort sample (i.e. 10th-graders in 1990 and 12th-graders in 1992). In addition, as a part of the Second Follow-up Survey, high school transcripts were collected for the members of the 12th-grade cohort in the fall of 1992. Of 17,285 students in the transcript file, 13,506 were identified as high school graduates who had a complete set of transcripts. Excluded students were students who dropped out of school, were still working for their diploma, or who did not have complete transcript data. For all transcripts and samples, a course identification code number, based on the Classification of Secondary School Courses (CSSC), was assigned to each course taken by a student. Courses were further classified into subject (e.g., math) and program (e.g., academic) areas using a 1998 revision of the CSSC (Bradby, D. and Hoachlander, E.G. (1999). *1998 Revision of the Secondary School Taxonomy.* Washington, DC: National Center for Education Statistics).

Information on the Second Follow-up Survey of NELS:88 can be found in:
Quinn, P. (1995) *User's Manual: NELS:88 Second Follow-up: Transcript Component Data File.* Washington, DC: National Center for Education Statistics.

Agency Contact:
Jeffrey Owings
National Center for Education Statistics
E-mail: Jeffrey.Owings@ed.gov

National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. Each year, researchers obtained data from a nationally representative sample of roughly 49,000 households comprising more than 100,000 persons ages 12 and older on the frequency, characteristics, and consequences of criminal victimization in the United States. In recent years, the sample size for the NCVS has been decreased. The sample for the most recent year, 1999, was 43,000 households and 80,000 persons ages 12 and older. The survey fully reports the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents over age 11, women, the elderly, members of various racial groups, city dwellers, and other groups. Victims are also asked whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Information about the NCVS is available online at http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs.

Agency Contact:
Michael Rand
Bureau of Justice Statistics
Phone: (202) 616-3494

National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian noninstitutionalized population in which data are collected by personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by a member of the household. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year. Child health supplements in 1981 and 1988 were used to provide data for this year's special feature on asthma.

The NHIS sample includes an oversample of black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and health problems of the U.S. civilian noninstitutionalized population. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1997, the NHIS was redesigned, so estimates beginning in 1997 are likely to vary slightly from previous years. Interviewers collected information for the basic questionnaire on 98,785 persons in 1998, including 28,122 children.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Massey, J.T., Moore, T.F., Parsons, V.L., and Tadros, W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital and Health Statistics, 2* (110). Hyattsville, MD: National Center for Health Statistics.

Botman, S.L., Moore, T.F., Moriarity, C.L., and Parsons, V.L. (2000). Design and estimation for the National Health Interview Survey, 1995-2004. *Vital and Health Statistics, 2* (130). Hyattsville, MD: National Center for Health Statistics.

Information about the NHIS is available online at http://www.cdc.gov/nchs/nhis.htm.

Agency Contacts:
For information on activity limitations and general health status:
Laura Montgomery
National Center for Health Statistics
Phone: (301) 458-4381

For information on usual source of health care:
Robin Cohen
National Center for Health Statistics
Phone: (301) 458-4152

National Household Education Survey

The National Household Education Surveys program (NHES), conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey using telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. In each survey, between 54,000 and 64,000 households are screened to identify persons eligible for one of the topics. Generally, each collection covers two topical surveys, and researchers conduct between 5,000 and 25,000 interviews for each survey. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than nonminorities in order to increase the reliability of estimates for these groups.

The 1991 NHES contained a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3 to 8. They interviewed parents of the children in order to collect information about the children's educational activities and the role of the family in the children's learning. In 1993, NCES fielded a school readiness survey in which parents of approximately 11,000 children age 3 through second grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation survey, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through third grade. In 1996, NCES fielded a parent and family involvement in education survey, interviewing nearly 21,000 parents of children from age 3 through 12th grade. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and also collected data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in grades 6 through 12 in the youth interview, and nearly 7,000 adults.

Information about the NHES is available online at http://www.nces.ed.gov/nhes.

Agency Contact:
Chris Chapman
National Center for Education Statistics
E-mail: Chris.Chapman@ed.gov

National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among families with children ages 19 to 35 months. Estimates of vaccine-specific coverage are available for the Nation, States, and 28 urban areas.

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children (19-35 months) are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for non-coverage of households without telephones.

Information about the NIS is available online at http://www.nisabt.org.

Agency Contact:
Alan Bloch
Centers for Disease Control and Prevention
Phone: (404) 639-8392

National Linked File of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is first released as a period data file and then later released as a cohort file. In the birth cohort format, it comprises linked vital records for infants born in a given year who died in that calendar year or the next year before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files avoids discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for white and black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for 1992 through 1994 data years. Match completeness for each of the birth cohort files is about 98 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20* (24). Hyattsville, MD: National Center for Health Statistics.

Mathews, T.J., Curtin, S.C., and MacDorman, M.F. (2000). Infant mortality statistics from the 1998 period linked birth/infant death data set. *National Vital Statistics Reports, 48* (12). Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at http://www.cdc.gov/nchs/about/major/ibid/linked.htm.

Agency Contact:
For information on infant mortality:
Marian MacDorman
National Center for Health Statistics
Phone: (301) 458-4356

National Longitudinal Survey of Youth 1997

The National Longitudinal Survey of Youth 1997 (NLSY97)is sponsored and directed by the Bureau of Labor Statistics of the U.S. Department of Labor. It is the newest survey in the National Longitudinal Surveys program. The NLSY97 consists of a nationally representative sample of 8,984 youths who were 12-16 years old as of December 31, 1996. Round 1 of the survey took place in 1997. The second round of annual interviews took place between November 1, 1998, and May 1, 1999.

Designed to document the transition from school to work and into adulthood, this survey collects extensive information about youths' labor market and educational experiences. The NLSY97 also contains detailed information on many other topics. Subject areas include: Youths' relationships with parents, contact with absent parents, marital and fertility histories, dating, sexual activity, onset of puberty, training, participation in government assistance programs, expectations, time use, criminal behavior, contact with the criminal justice system, and alcohol and drug use. Areas of the youth survey that are potentially sensitive, such as criminal behavior, comprise a self-administered portion of the interview.

Partial funding support for the survey is provided by the Office of Juvenile Justice and Delinquency Prevention of the Department of Justice, the National School to Work Office of the Departments of Education and Labor, and the National Institute of Child Health and Human Development of the Department of Health and Human Services.

Information about the NLSY97 and all National Longitudinal Surveys is available online at http://www.bls.gov/nlshome.htm

Agency Contact:
Michael W. Horrigan
Bureau of Labor Statistics
(202) 691-7386

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all States, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on prenatal care, while funeral directors and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic Origin. The number of States gathering information on births to parents of Hispanic origin has increased gradually since 1980-81, when 22 States included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 States and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. In 1997, there was complete reporting of deaths by Hispanic origin in all 50 states and the District of Columbia.

Preliminary Data. A continuous receipt of statistical records by NCHS from the States' vital registration systems supplies preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals, and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percentage not stated is generally 1 percent or less, except for prenatal care, which was 2.8 percent in 1998.

For more information on national natality and mortality data, see National Center for Health Statistics. Technical Appendix. *Vital Statistics of the United States, I* (Natality) (1992), (DHHS Publication No. (PHS) 96-1100), and II (Mortality), Part A (1996) (DHHS Publication No. (PHS) 96-1101). Washington, DC: Public Health Service.

Information about the National Vital Statistics System is available online at http://www.cdc.gov/nchs/nvss.htm.

Agency Contacts:
For information on births to unmarried women, low birthweight, and adolescent births:
Stephanie Ventura
National Center for Health Statistics
Phone: (301) 458-4547

For information on mortality:
Harry Rosenberg
National Center for Health Statistics
Phone: (301) 458-4467

For information on child mortality:
Donna Hoyert
National Center for Health Statistics
Phone: (301) 458-4279

For more information on adolescent mortality:
Lois Fingerhut
National Center for Health Statistics
Phone: (301) 458-4213

Population Estimates

Decennial Census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (U.S. Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and U.S. Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official Decennial Census figures and do not reflect estimated Decennial Census under-enumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates, because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been repaired for the 1960s, 1970s, and 1980s to correct the "error of closure": the difference between the estimated population at the end of the decade and the Census count for that date. The error of closure at the national level was quite small during the 1960s (379,000). For the 1970s, however, it amounted to almost 5 million. In the 1980s, the error of closure dropped to 1.5 million.

For more information, see U.S. Bureau of the Census. (1992). U.S. population estimates by age, sex, race, and Hispanic origin: 1980-1991. *Current Population Reports* (1095, Series P-25). Washington, DC: U.S. Bureau of the Census.

Information about population estimates is available online at http://www.census.gov/population/www/estimates/popest.html.

Agency Contact:
Greg Spencer
U.S. Census Bureau
Phone: (301) 457-2428

Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2050, based on assumptions about fertility, mortality, and international migration. Low, middle, and high growth assumptions are made for each of these components. The current middle series assumptions are that:

- Fertility will see little change over time, with levels for each race/ethnic group converging to about 2.1 children per woman in the long run.
- Mortality will continue to improve, with life expectancy for each race/ethnic group converging to about 90 years by 2100.
- Net international migration will decline somewhat in the near term, but increase after 2010, with a relatively larger portion from Asia and Africa, and a relatively smaller portion from Latin America.

For more information, see U.S. Bureau of the Census. (1996). *Population projections of the United States by age, sex, race, and Hispanic origin* (1130, Series P25). Washington, DC: U.S. Bureau of the Census.

Information about population projections is available online at http://www.census.gov/population/www/projections/popproj.html.

Agency Contact:
Greg Spencer
U.S. Census Bureau
Phone: (301) 457-2428

Survey of Income and Program Participation

Core Survey and Topical Modules. Implemented by the U.S. Census Bureau since 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2½ years to 4 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics to measure the effectiveness of existing government programs, to estimate future costs and coverage of government programs, and to provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files.

In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing method.

Information about the SIPP is available online at http://www.sipp.census.gov/sipp.

Agency Contact:
Judy Eargle
U.S. Census Bureau
Phone: (301) 457-3819

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Uniform Crime Reports

The Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR) Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories.

The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized State agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million U.S. inhabitants—95 percent of the total population. The UCR Program provides crime counts for the Nation as a whole, as well as for regions, States, counties, cities, and towns. This permits studies among neighboring jurisdictions and among those with similar populations and other common characteristics.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States,* issued in the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons arrested (age, gender, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, gender, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides). Other special reports are also available from the UCR Program.

Information about the UCR is available online at http://www.fbi.gov.

Agency Contact:
Uniform Crime Reports
Programs Support Section
Criminal Justice Information Services Division
Federal Bureau of Investigation
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

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